

STATE OF CALIFORNIA
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

**Patient Discharge Data
File Documentation
January-December 2000**

PUBLIC VERSION

COMMA DELIMITED TEXT FORMAT

CD-ROM

APRIL 2003

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INTRODUCTION

Public Patient-Level Dataset – Patient Discharge Data

The California Office of Statewide Health Planning and Development (OSHPD) provide a public dataset of the Patient Discharge Database available for purchase on compact disc (CD). The data are made available by OSHPD once it has been screened by the edit program and corrected by the individual hospitals. The public patient-level dataset includes patient zip code, demographic variables and clinical information

The public dataset is comprised of a record for each inpatient discharged from a licensed acute care hospital (that includes: General Acute Care Hospitals, Acute Psychiatric Hospitals, Chemical Dependency Recovery Hospitals, and Psychiatric Health Facilities). Note: the only exceptions are records not reported by some California State Hospitals; see the State Hospitals discussion on page four.

The patient discharge dataset is available for discharges in each calendar year. The data on CD-ROM are stored on one CD containing three zipped data files and a full set of documentation files. The discharge records are divided into three sets by the geography of the reporting hospitals. One file contains discharge records from hospitals in Los Angeles County, another file contains discharges from the seven other counties in Southern California and the third file contains discharges from hospitals in the remaining 50 Northern California Counties.

Masked variables

To protect patient confidentiality, those records with unique combinations of a select set of demographic variables will have one or more of those variables masked to ensure the files are de-identified. Each unique record will have the minimum number of fields masked to allow it to no longer be unique. The variable masking will occur in the order in the table below:

ORDER OF MASKING	DATA FIELDS SUBJECT TO MASKING
1 st	Age in years (at admission)
2 nd	Ethnicity
3 rd	Race
4 th	Sex
5 th	Age Category 20 (20 Age Categories)
6 th	Age Category 5 (5 Age Categories)
7 th	Small County Groups*
8 th	Admit Quarter
9 th	Patient Zip Code **
10 th	OSHPD ID
	<i>*Small counties with total populations of 30,000 or less are grouped into 3 categories: Central (CE), Northeastern (NE), and Northwestern (NW). Ten counties were grouped in 2000: Central: Alpine, Inyo, Mariposa, Mono; Northeastern: Modoc, Plumas, Sierra; Northwestern: Colusa, Glenn, and Trinity.</i>
	<i>**Five-digit zip will be masked to three-digits; if record is still unique, zip will be totally masked with an asterisk.</i>

General assistance is available by calling OSHPD's Healthcare Information Resource Center at (916) 322-2814.

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Public Discharge Dataset

Data Fields in 2000 Public Discharge Dataset	Percent Remaining Unmasked For Variables Subject to Masking
Hospital Identification Number	100.0%
Type (level) of Care	
Age in Years	55.2%
Age (20 Categories)	86.8%
Age (5 Categories)	93.2%
Sex	82.1%
Ethnicity	70.9%
Race	74.8%
Zip Code (5 digits masked to 3 digits)	98.3%
ZIP Code (3 digits masked to 0 digits)	99.5%
County of Patient's Residence (or Small County Groups)	99.9%
Length of Stay	
Quarter admitted	96.6%
Year admitted	
Source of Admission	
Type of Admission	
Disposition of Patient	
Prehospital Care and Resuscitation (Do Not Resuscitate Order)	
Expected Principal Source of Payment - Payer Category	
Expected Principal Source of Payment - Type of Coverage	
Expected Principal Source of Payment – Plan Code Number	
Total Charges	
Principal External Cause of Injury (E-Code)	
Other External Cause of Injuries (up to 4 Other E-Codes)	
Major Diagnostic Category	
Diagnosis Related Group	
Principal Diagnosis	
Condition Present at Admission (for Principal Diagnosis)	
Principal Procedure	
Days from Admission to Principal Procedure	
Other Diagnoses (24 Other Diagnoses)	
Condition Present at Admission (for Other Diagnoses)	
Other Procedures (20 Other Procedures)	
Days From Admission to Other Procedures	

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IMPORTING NOTES:

The fields listed below contain numeric codes, which are not numeric values; most PC software will treat these fields as numeric values unless formatted otherwise. Thus, when importing the data into your software, these fields should be formatted as text or alphanumeric to retain the leading and trailing zeros. Also, when a text variable is masked, the field value is an asterisk, which may cause errors if imported as numeric.

- OSHPD-Hospital Identification Number
- 5-Age Category and 20-Age Category Fields
- Sex
- Ethnicity
- Race
- Patient ZIP Code
- County of Patient's Residence
- Admission Quarter
- Expected Principal Source of Payment – Plan Code Number
- MDC
- DRG
- **All** diagnosis code fields (principal and other)
- **All** procedure code fields (principal and other)

It is especially important that all Diagnosis and Procedure code fields be formatted as “text.” These fields are comprised of ICD-9-CM codes, some of which begin with alpha characters that cannot be read if not formatted as text. Also, many ICD-9-CM codes have leading and/or trailing zeros. For example, the ICD-9-CM code for *Salmonella Gastroenteritis* is “003.0”. If it is not formatted as text, it will appear as “3”, which is the numeric value, but is not the valid diagnostic code for *Salmonella Gastroenteritis*.

It is not absolutely essential but is recommended, to maintain leading zeros in the other codes that contain leading zeros (Hospital Identification Number, Patient's County of Residence, MDC, DRG, and Payer Plan Code Number). When these fields are formatted as “text,” the number of digits in each respective field will then remain constant. For example, Alameda County will then appear as “01”, rather than “1”, and will contain two digits like the other 2-digit county codes (Fresno through Yuba, 10 through 58, respectively).

COMMA DELIMITED DATA FORMAT

In the comma-delimited set, the length of each field and the length of each record will vary according to the data reported. To assist you in using the comma delimited patient discharge data sets, a header row identifying each data element is provided in the position of the first record.

Each data element is separated by a comma and is defined and described in this documentation. In Appendix I, there is a table listing the Field Label (used in the header row), Field Name, Field Type (format), and Maximum Number of Characters.

Fields with no data will have consecutive delimiters (commas). Most PC software will have no difficulty with consecutive delimiters. However, some software packages may handle consecutive delimiters as a single delimiter and adjustments will need to be made.

Note: It is possible for some invalid values to remain in the database “as reported” by the hospital, due to a lack of database enforced integrity. This means that for some observations, you may find blank values, invalid alpha characters in numeric fields, out-of-range numeric values, etc.

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FACILITY EXCEPTIONS

State Hospitals:

Through the first half of 1989, the database included twelve state hospitals. As of July 1989, the eleven operated by the Department of Mental Health or the Department of Developmental Services, serving mentally disordered and developmentally disabled patients, no longer report discharge data. The twelfth, the Veterans Home of California, Nelson M. Holderman Memorial Hospital, in Yountville has continued to report discharge data. Records from this hospital can be located using the Hospital Identification Number "281297."

Psychiatric Health Facilities:

Psychiatric Health Facilities, which provide care in licensed Acute Psychiatric beds, are subject to the same reporting requirements as other California hospitals. This type of hospital was first licensed in California in 1988. Patient discharge data for 1989 and for January through June 1990 included data from six Psychiatric Health Facilities; data for July through December 1990 include data from all but one of the 16 licensed Psychiatric Health Facilities. All of these facilities started reporting their patient discharge data beginning in 1991.

Modifications and Non-Compliant Facilities:

Some hospitals have applied for and been granted "modifications" to standard Patient Discharge Data reporting requirements. Other hospitals were unable to complete specific fields as required and were deemed "non-compliant" at the time of reporting. See Appendix D (Data Exceptions) for a listing of all non-compliant hospitals and those with approved modifications and their affected variables.

VARIABLE CHANGES

Hospital Identification Number:

The first six characters of each record contain the "Hospital Identification Number". Beginning with data reported for 1995, this former nine-digit hospital identification number was restructured to six digits. The former first digit, that indicated the type of care reported, has been made a separate data element (Type of Care) and is described below. The former filler number "06" (2nd and 3rd digits) has been dropped. Thus, the hospital identification number now consists of the following six digits: the first two indicate the county and the last four are unique to a facility within each county.

Type of Care:

The second field on each record is a single digit field that describes the "Type of Care" ("Level of Care" in 1995 and 1996) from which the patient was discharged. The Type of Care codes and labels are:

- 1 = Acute Care
- 3 = Skilled Nursing and Intermediate Care (frequently known as Long Term Care)
- 4 = Psychiatric Care
- 5 = Chemical Dependency Recovery Care
- 6 = Physical Rehabilitation Care

Note: there has never been a Type of Care or Level of Care code "2".

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Beginning with 1997 data, hospitals were required to report one of the **five** Types of Care, above, for each discharge.

For the 1995 and 1996 data years, hospitals were required to assign, to each discharge, one of **three** Levels of Care ("3" for Long Term Care, "6" for Rehabilitation Care and "1" for all other types of care).

Prior to 1995, discharges were optionally reported in sets, by one of the five Types of Care. Most hospitals chose to include all discharges, regardless of the type of care, in one set (usually acute care).

HISTORICAL SUMMARY OF FORMAT AND CONTENT CHANGES PATIENT DISCHARGE DATA COLLECTION PROGRAM	
DATA ITEM:	ACTION / EFFECTIVE DATE:
E-Code	Added - July 1990
Social Security Number	Added - July 1990
Record Linkage Number (Encrypted SSN)	Added - July 1990
Zip Code for Homeless (ZZZZZ)	Added - November 1993
Hospital Identification Number (from 9 to 6 digits)	Changed - January 1995
Level of Care (<i>see Type of Care, below</i>)	Added - January 1995
Ethnicity/Race	Changed - January 1995
Source of Admission	Expanded - January 1995
Type of Admission	Changed - January 1995
Procedure Dates (for all reported procedures)	Added - January 1995
Patient Disposition	Expanded - January 1995
Expected Source of Payment:	Changed - January 1995
	Expanded - January 1999
Principal Diagnosis-Condition Present at Admission	Added - January 1996
Other Diagnoses-Condition Present at Admission	Added - January 1996
Type of Care (<i>formerly Level of Care</i>)	Changed - January 1997
Prehospital Care & Resuscitation (Do Not Resuscitate Order)	Added - January 1999

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HOSPITAL IDENTIFICATION NUMBER

FIELD NAME : OSHPD_ID

DEFINITION : A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the hospital is located. The last four digits are unique within each county.

CODES, CATEGORIES AND COMMENTS:

A - <u>99</u>	=	01-58 = County Codes (see Appendix A)
B - <u>9999</u>	=	0001-9999 = Unique Hospital Identifier (within county)

OSHPD Facility ID Number will be the 9th variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

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TYPE OF CARE

FIELD NAME : TYP_CARE

DEFINITION : Defined by the California Health and Safety Code, this refers to the licensure of the bed occupied by an inpatient. The types of care are documented on the official license issued by Licensing and Certification of the California State Department of Health Services.

CODES, CATEGORIES AND COMMENTS:

<u>Code</u>	<u>Category</u>	<u>Licensed Bed Classification/Designation</u>
1 =	Acute Care	General Acute Care
3 =	Skilled Nursing/Intermediate Care	Skilled Nursing/Intermediate Care (a.k.a. Long Term Care)
4 =	Psychiatric Care	Acute Psychiatric Care
5 =	Chemical Dependency Recovery Care	Chemical Dependency Recovery Hospital/Service
6 =	Physical Rehabilitation Care	Rehabilitation Center, a bed designation within the General Acute Care classification.

All other values for Type of Care are not considered valid.

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AGE IN YEARS (at Admission)

FIELD NAMES : AGE_YRS

DEFINITION : Age of patient at time of admission.

CODES, CATEGORIES AND COMMENTS:

Age = Blank indicates age has been masked or is unknown (the year of birth is incomplete or unknown and an age of 0 has been assigned).

Newborns are identified with a code 7 in Source of Admission or infants (less than 24 hours old) are coded with a 3 in Type of Admission.

To reduce the need for masking to protect patient confidentiality; all patients older than 85 will be coded as "85" years of age. This can be considered "85 and older."

If necessary, Age in Years will be the first variable masked to de-identify unique patient records, by blanking-out reported age. This is the only numeric data element that will be masked; all other variables subject to masking are text variables and contain an asterisk when masked.

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AGE 20 CATEGORY

FIELD NAME : AGECAT20

DEFINITION : Age range categories based on the patient's age at the time of admission.
 Twenty age categories; mostly 5-year increments.

CODES, CATEGORIES AND COMMENTS:

The following age breakdown was provided in public version B for 1999 and 2000.

CATEGORY	AGE	DEFINITION
01	under 1 year	under 1 year
02	1-4 years	366 days through 4 years
03	5-9 years	5 years through 9 years
04	10-14 years	10 years through 14 years
05	15-19 years	15 years through 19 years
06	20-24 years	20 years through 24 years
07	25-29 years	25 years through 29 years
08	30-34 years	30 years through 34 years
09	35-39 years	35 years through 39 years
10	40-44 years	40 years through 44 years
11	45-49 years	45 years through 49 years
12	50-54 years	50 years through 54 years
13	55-59 years	55 years through 59 years
14	60-64 years	60 years through 64 years
15	65-69 years	65 years through 69 years
16	70-74 years	70 years through 74 years
17	75-79 years	75 years through 79 years
18	80-84 years	80 years through 84 years
19	85 years & over	85 years or greater
00	unknown (0)	Year of birth incomplete or unknown

Age Category (20) will be the 5th variable masked if necessary to de-identify unique patient records by replacing age category code with an asterisk.

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AGE 5 CATEGORY

FIELD NAME : AGECAT5

DEFINITION : Five age categories; Random year increments.

CODES, CATEGORIES AND COMMENTS:

CATEGORY	AGE	DEFINITION
01	Under 1 year	Under 1 year
02	1-17 years	1 year through 17 years
03	18-34 years	18 years through 34 years
04	35-64 years	35years through 64 years
05	65years & over	65 years or greater
00	Unknown (0)	Year of birth incomplete or unknown

Age Category (5) will be the 6th variable masked if necessary to de-identify unique patient records by replacing age category code with an asterisk.

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SEX

FIELD NAME : SEX

DEFINITION : This is the gender of the patient.

CODES, CATEGORIES AND COMMENTS:

<u>Code</u>	<u>Category</u>
1	Male
2	Female
3	Other
4	Unknown

All other values for Sex are not considered valid.

"Other" includes sex changes, undetermined sex, and live births with congenital abnormalities that obscure sex identification. "Unknown" indicates that the patient's sex was not available from the medical record.

Sex (gender of the patient) will be the 4th variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

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ETHNICITY

FIELD NAME : ETHNCTY

DEFINITION : This code indicates whether or not the patient's ethnicity is Hispanic.

CODES, CATEGORIES AND COMMENTS:

The single code digit indicates ethnicity and includes:

<u>Code</u>	<u>Category</u>
1	Hispanic
2	Non-Hispanic
3	Unknown

All other values for Ethnicity are not considered valid.

Both ethnicity and race are self-reported by the patient.

Ethnicity will be the 2nd variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

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RACE

FIELD NAME : RACE

DEFINITION : This code indicates the patient's racial background.

CODES, CATEGORIES AND COMMENTS:

<u>Code</u>	<u>Category</u>
1	White – A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.
2	Black – A person having origins in or who identifies with any of the black racial groups of Africa.
3	Native American/Eskimo/Aleut – A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
4	Asian/Pacific Islander – A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.
5	Other – Any possible options not covered in the above categories.
6	Unknown

All other values for Race are not considered valid.

Both ethnicity and race are self-reported by the patient.

Race will be the 3rd variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

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PATIENT ZIP CODE
FIVE DIGIT / THREE DIGIT

FIELD NAME : PATZIP

DEFINITION : The ZIP Code of the patient's residence (all five digits). This is a unique code assigned to a specific geographic area by the U.S. Postal Service for the patient's usual residence.

CODES, CATEGORIES AND COMMENTS:

- The five digits of the ZIP Code of the patient's residence.
- If the field is coded with XXXXX, the ZIP Code is unknown.
- If it is coded with YYYYY, the patient is from an area outside the United States.
- If it is coded with ZZZZZ, the patient has no residence (homeless).
- If the first three digits are the only digits reported, then it is a partial ZIP Code, which is not sufficient to assign the county of residence.
- If the city of residence is known, but not the street address, then a partial ZIP Code (the first three digits of the five-digit ZIP Code plus "00") may be reported. Example: Sacramento, CA 95800.

The reported ZIP Code will be the 8th variable masked if necessary to de-identify unique patient records to protect patient confidentiality. The Patient ZIP Code can be masked sequentially from 5-digits to 3-digits, then from 3-digits to just an asterisk, if required to de-identify the record.

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COUNTY OF PATIENT'S RESIDENCE

FIELD NAME : PATCNTY

DEFINITION : The patient's zip code is used to assign a county of residence.

CODES, CATEGORIES AND COMMENTS:

Codes: 00-58, CE, NE and NW

01-58 indicates a county in California (see list in Appendix A); 00 indicates that the patient's zip code was unknown, outside California, outside the U.S., homeless, or partial (see below).

If the city of residence is known, but not the street address, then a **partial** zip code-1st three digits of the zip code plus "00"-may be reported. Example: Sacramento, CA, 95800.

To protect patient confidentiality, those counties with populations less than 30,000 are assigned to one of three groups of small counties to de-identify unique patient records. The groups and counties included are:

GROUP	COUNTIES
CE (Central)	Alpine, Inyo, Mariposa and Mono
NE (North East)	Modoc, Plumas and Sierra
NW (North West)	Colusa, Glenn and Trinity

Note – Using the reported ZIP Code, OSHPD assigns the patient's county of residence. ZIP Codes are designed for mail delivery, not to identify political boundaries. Therefore, some ZIP Codes cross county boundaries. For such ZIP Codes, OSHPD assigns the county with the greatest population in the respective ZIP Code.

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LENGTH OF STAY (Days)

FIELD NAME : LOS

DEFINITION : Total number of days from admission date to discharge date of each patient.

CODES, CATEGORIES AND COMMENTS:

The days are calculated by subtracting the Admission Date from the Discharge Date. The length of stay for patients admitted on day one and discharged on day two is counted as one day.

Patients admitted and discharged on the same day yield a calculated length of stay of "0" days. This requires changing those (same-day admits and discharges) zeros to "ones" before performing average length of stay calculations to achieve more meaningful average length of stay calculations.

The number of days is right justified and zero filled (for fixed-length data format).

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ADMISSION: QUARTER

FIELD NAME : ADM_QTR

DEFINITION : Quarter the patient was admitted to the hospital.

CODES, CATEGORIES AND COMMENTS:

		<u>Code</u>	<u>Quarter</u>
Quarter	: One-digit quarter	1	January-March
		2	April-June
		3	July-September
		4	October-December

Quarter admitted will be the 7th variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

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ADMISSION: YEAR

FIELD NAMES : ADM_YR

DEFINITION : Year the patient was admitted to the hospital.

CODES, CATEGORIES AND COMMENTS:

Four-digit Year - This is comprised of first two digits century and last two digits year.

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SOURCE OF ADMISSION

FIELD NAME : ADM_SRC

DEFINITION : Effective with discharges on January 1, 1995, the source of admission describes three aspects of the source:

The first digit describes the site from which the patient originated.

The second digit describes the license of site from which the patient originated.

The third digit describes the route by which the patient was admitted.

CODES, CATEGORIES AND COMMENTS:

Site:

<u>Code</u>	<u>Category</u>
1	Home
2	Residential Care Facility
3	Ambulatory Surgery
4	Skilled Nursing/Intermediate Care
5	Acute Inpatient Hospital Care
6	Other Inpatient Hospital Care
7	Newborn*
8	Prison/Jail
9	Other

All other values for "Site" are not considered valid.

**"Newborn" source of admission is defined as a "baby born alive in this hospital."*

Licensure of Site:

<u>Code</u>	<u>Category</u>
1	This Hospital
2	Another Hospital
3	Not a Hospital

All other values for "Licensure of Site" are not considered valid.

Route:

<u>Code</u>	<u>Category</u>
1	<u>Your</u> ER
2	Not <u>Your</u> ER (or no ER)

All other values for "Route" are not considered valid.

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TYPE OF ADMISSION

FIELD NAME : ADM_TYPE

DEFINITION : Effective with discharges on January 1, 1995, the patient's type of admission was reported using one of the categories listed below. The critical distinction is not how but when the admission was arranged.

CODES, CATEGORIES AND COMMENTS:

<u>Code</u>	<u>Category</u>
1	Scheduled (Scheduled in advance, at least of 24 hours or more prior to admission)
2	Unscheduled (Not scheduled within 24 hours or more prior to admission)
3	Infant, less than 24 hrs old
4	Unknown (Does not include stillbirths)

All other values for Type of Admission are not considered valid.

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DISPOSITION OF PATIENT

FIELD NAME : DISP

DEFINITION : The consequent arrangement or event ending a patient's stay in the reporting facility. Effective with discharges beginning January 1, 1995, the codes are as follows:

CODES, CATEGORIES AND COMMENTS:

Disposition of Patient:

<u>Code</u>	<u>Category</u>
01	Routine (Home)

Within this Hospital:

<u>Code</u>	<u>Category</u>
02	Acute Care
03	Other Care
04	Skilled Nursing/Intermediate Care

To Another Hospital:

<u>Code</u>	<u>Category</u>
05	Acute Care
06	Other Care (not Skilled Nursing/Intermediate Care)
07	Skilled Nursing/Intermediate Care
08	Residential Care Facility
09	Prison/Jail
10	Against Medical Advice
11	Died
12	Home Health Service
13	Other

All other values for Disposition are not considered valid.

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PREHOSPITAL CARE AND RESUSCITATION

FIELD NAME : DNR

DEFINITION : This code indicates whether or not there was a "Do Not Resuscitate" order upon admission or within 24 hours of admission from a physician.

CODES, CATEGORIES AND COMMENTS:

A "Do Not Resuscitate" (DNR) order is a directive from a physician in a patient's current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation.

Code Category

Y = Yes - a DNR order was written at the time of or within the first 24 hours of patient's admission to the hospital.

N = No - a DNR order was not written at the time of or within the first 24 hours of the patient's admission to the hospital.

All other values for Prehospital Care and Resuscitation are not considered valid.

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EXPECTED SOURCE OF PAYMENT
PAYER CATEGORY

FIELD NAME : PAY_CAT

DEFINITION : This code indicates the category of payer (type of entity or organization) who is expected to pay or did pay the greatest share of the patient's bill.

CODES, CATEGORIES AND COMMENTS:

Expected Payer Categories			
Code	Category	Code	Category
01	Medicare	06	Other Government
02	Medi-Cal	07	Other Indigent
03	Private Coverage	08	Self Pay
04	Workers' Compensation	09	Other Payer
05	County Indigent Programs	00	Not reported or reported in error

All other values for Payer Category are not considered valid.

- **Medicare** – A federally administered third party reimbursement program authorized by Title XVIII of the Social Security Act. Includes crossovers to secondary payers.
- **Medi-Cal** – A state administered third party reimbursement program authorized by Title XIX of the Social Security Act.
- **Private Coverage** – Payment covered by private, non-profit, or commercial health plans, whether insurance or other coverage, or organizations. Included are payments by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, or Shriners.
- **Workers' Compensation** – Payment from workers' compensation insurance, government or privately sponsored.
- **County Indigent Programs** - Patients covered under Welfare and Institutions Code Section 17000. includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or other Realignment Funds whether or not a bill is rendered.
- **Other Government** - Any form of payment from government agencies, whether local, state, federal or foreign, except those listed above. Includes funds received through California Children Services (CCS), the Civilian Health and Medical Program of the Uniformed Services (TRICARE), and the Veterans Administration.
- **Other Indigent** – Patients receiving care pursuant to Hill-Burton obligations or who meet the standards for charity care pursuant to the hospital's established charity care policy.
- **Self Pay** – Payment directly by the patient, personal guarantor, relatives, or friends. The greatest share of patient's bill is not expected to be paid by any form of insurance or other health plan.
- **Other Payer** – Any third party payment not included above. Included are cases where no payment will be required by the facility, such as special research or courtesy patients.

**CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000**

EXPECTED SOURCE OF PAYMENT

PAYER TYPE OF COVERAGE

FIELD NAME: : PAY_TYPE

DEFINITION : This code indicates the type of coverage for the following: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Programs, and Other Government.

CODES, CATEGORIES AND COMMENTS:

<u>Codes</u>	<u>Category</u>
1	= Managed Care - Knox-Keene/MCOHS
2	= Managed Care – Other
3	= Traditional Coverage
0	= Payer Type field is not considered applicable for payer categories other than: Medicare, Medi-Cal, Private Coverage, Worker's Compensation, County Indigent or Other Government.

All other values of Payer Type are not considered valid.

Managed Care - Knox/Keene-Medi-Cal County Organized Health System. Healthcare service plans, including Health Maintenance Organizations (HMO), licensed by the Department of Corporations under the Knox-Keene Healthcare Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems (MCOHS).

Managed Care-Other. - Healthcare plans, except those above, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS).

Traditional Coverage. - All other forms of healthcare coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for-service payers.

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

EXPECTED SOURCE OF PAYMENT

PAYER PLAN CODE

FIELD NAME: : PAY_PLAN

DEFINITION : This four-digit code number refers to the name of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System (MCOHS).

CODES, CATEGORIES AND COMMENTS:

The Plan code number represents the name of the Knox-Knee licensed plan or the Medi-Cal County Organized Health System. See Appendix E for the plan code names and numbers.

If the Payer Plan Code field is not applicable, determined by Type of Coverage, the Plan Code is zero filled (i.e. assigned a value of "0000").

Only values for Payer Plan, listed in Appendix E, are considered valid.

If the plan **code numbers** are the **same** and the **plan names** are different, it means they belong to same "parent" plan.

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

TOTAL CHARGES

FIELD NAME : CHARGE

DEFINITION : Total Charges include all charges for services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates.

CODES, CATEGORIES AND COMMENTS:

Charges include, but are not limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees are excluded. Prepayment (e.g. deposits and prepaid admissions) are not deducted from Total Charges.

If a patient's length of stay is more than 1 year (365 days), Total Charges are reported for the last year (365 days) of stay only. To calculate Adjusted Total Charges for stays over one year use the following formula:

$$(\text{Total Charges} / 365 \text{ days}) \times \text{Length of Stay} = \text{Adjusted Total Charges}$$

Total Charges are expressed in whole dollars. However, there is a specific meaning attached to the three values of "total charges," below:

Where total charges equal 1 - the "1" is a code meaning that there were no (\$0) charges generated for the hospital stay (and was verified by the hospital). All Shriner's Hospital discharges are coded as "1" because they do not charge their patients. Note - The "1" allows the aggregation of all discharges with "valid total charges" by selecting those with total charges greater than zero.

Where total charges equal 0 - the "0" is a code meaning that there was a charge, but that the amount of the charge could not be reported by the hospital. For example, all Kaiser Foundation Hospitals are exempted from reporting total charges because they do not charge specifically for an inpatient stay, rather, they receive a constant monthly (capitated) payment from each member, whether or not that member is hospitalized, or received outpatient care or no care at all.

Where total Charges equal 9999999 -The total charge of "9999999" indicates the actual charges exceed the seven digit field size utilized by the hospital or designated agent.

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

EXTERNAL CAUSE OF INJURY -- PRINCIPAL E-CODE

FIELD NAME : ECODE_P

DEFINITION : The external cause of injury consists of the ICD-9-CM codes E800-E999 (E-Codes), that are used to describe the external cause of injuries, poisonings, and adverse effects. If the information is available in the medical record, E-Codes sufficient to describe the external cause are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings in Chapter 17 of the ICD-9-CM (800-999), or where a code from Chapters 1-16 of the ICD-9-CM (001-799) indicates that an additional E-code is applicable. The reporting of E-Codes in the range E870-E879 (misadventures and abnormal reactions) is not required. The principal E-Code is reported only for the inpatient hospitalization during which the injury, poisoning, and/or adverse effect was first diagnosed and/or treated.

To assure uniform reporting of E-Codes, when multiple codes are required to completely classify the cause, the first (principal) E-code will describe the mechanism that resulted in the most severe injury, poisoning, or adverse effect.

CODES, CATEGORIES AND COMMENTS:

The valid E-Codes are specified in Chapter 17 of the ICD-9-CM codebook. External cause of injury was not required for discharges before July 1, 1990.

CODE STRUCTURE (examples):

Content of Field: E9068 Would be read as: E906.8

Content of Field: E899 Would be read as: E899.

(Implied decimal is read after the first four positions.)

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

EXTERNAL CAUSE OF INJURY - OTHER E-CODES

FIELD NAME : ECODE1, ECODE2, ECODE3, and ECODE4

DEFINITION : The external cause of injury consists of the ICD-9-CM codes E800-E999 (E-Codes), that are used to describe the external cause of injuries, poisonings, and adverse effects. If the information is available in the medical record, E-codes sufficient to describe the external cause are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings in Chapter 17 of the ICD-9-CM (800-999), or where a code from Chapters 1-16 of the ICD-9-CM (001-799) indicates that an additional E-code is applicable. The reporting of E-Codes in the range E870-E879 (misadventures and abnormal reactions) is not required. An E-Code is reported only for the inpatient hospitalization during which the injury, poisoning, and/or adverse effect was first diagnosed and/or treated.

If the principal E-Code does not include a description of the place of occurrence of the most severe injury, or poisoning, an additional E-Code is reported to designate the place of occurrence, if available in the medical record. Place of occurrence is coded as E849.0 - E849.9. Up to three additional E-codes will be reported, if necessary to completely describe the mechanism(s) that contributed to, or the causal events surrounding, any injury or poisoning, or adverse effect first diagnosed and/or treated during the current inpatient hospitalization.

CODES, CATEGORIES AND COMMENTS:

The valid E-Codes specified in Chapter 17 of the ICD-9-CM codebook. External cause of injury was not required for discharges before July 1, 1990.

CODE STRUCTURE (examples):

Content of Field: E9068 Would be read as: E906.8

Content of Field: E899 Would be read as: E899.

(Implied decimal is read after the first four positions.)

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

MAJOR DIAGNOSTIC CATEGORY
(MDC)

FIELD NAME : MDC

DEFINITION : MDCs are mutually exclusive categories containing all possible principal diagnosis areas. The diagnoses in each MDC correspond to a single major organ system or etiology, and in general are associated with a particular medical specialty. Some MDCs are residual categories containing diseases or disorders that could not be assigned to an organ system-based MDC. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems. CMS implements revisions to the DRG Grouper software effective October 1, the start of the Federal fiscal year for the Medicare Prospective Payment System. The Office implements the same software effective with discharges from the beginning of the following calendar year. DRG Grouper Version 17.0, which was implemented by CMS on October 1, 1999, is the DRG Grouper applied to the Office's calendar year 2000 patient discharge data.

The MDC is based on the principal diagnosis. The MDC is given "00" for records where the principal diagnosis is not an existing ICD-9-CM code. Beginning with 1993 data, new codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent code recognized by the DRG Grouper Version for that calendar year and assigned to an MDC based on that DRG Grouper Version's logic.

CODES, CATEGORIES AND COMMENTS:

Codes: 00-25

MDC 00 is the label for records that could not be assigned to MDCs 1-25 by the DRG grouper (e.g. some records from DRG 470 (ungroupable)).

Appendix B displays the MDC descriptions.

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

DIAGNOSIS RELATED GROUP
(DRG)

FIELD NAME : DRG

DEFINITION : DRGs are case-mix assignments grouping hospital patients to categories based on diagnostic, therapeutic and demographic characteristics for the purpose of reimbursement. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems. CMS implements revisions to the DRG Grouper software every October 1, the start of Federal fiscal year for the Medicare Prospective Payment System. The Office implements the same software effective with discharges from the beginning of the following calendar year. Special note - New codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent code recognized by the DRG Grouper Version for that calendar year and assigned to a DRG based on that DRG Grouper Version's logic.

CODES,CATEGORIES AND COMMENTS:

Codes: 001-511

Appendix C displays the DRG descriptions.

The following indicates the DRG Grouper Version used during recent years:

Calendar Year 1995 = Version 12.0 HCFA DRG Grouper
Calendar Year 1996 = Version 13.0 HCFA DRG Grouper
Calendar Year 1997 = Version 14.0 HCFA DRG Grouper
Calendar Year 1998 = Version 15.0 HCFA DRG Grouper
Calendar Year 1999 = Version 16.0 HCFA DRG Grouper
Calendar Year 2000 = Version 17.0 HCFA DRG Grouper
Calendar Year 2001 = Version 18.0 HCFA DRG Grouper

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

PRINCIPAL DIAGNOSIS

FIELD NAME : DIAG_P

DEFINITION : The condition established, after study, to be the chief cause of the admission of the patient to the facility for care.

CODES, CATEGORIES AND COMMENTS:

The appropriate codes to be entered for this data element are specified in the International Classification of Diseases, 9th Revision, Clinical Modification, U.S. Department of Health and Human Services, Washington D.C. (ICD-9-CM).

Beginning with 1999, the psychiatric codes from the Diagnostic and Statistical Manual of Mental Disorders (DSM), by American Psychiatric Association, Washington, D.C. are not accepted by OSHPD.

Note: Morphology codes are not accepted by OSHPD. SNODO codes are not accepted by OSHPD. Codes from the Supplementary Classification of External causes (E-Code) of Injury and Poisoning are not accepted in the Principal Diagnosis field. Italicized ICD-9-CM codes are not accepted in the Principal Diagnosis field.

CODE STRUCTURE (examples):

Content of Field: V5781 Would be read as: V57.81

Content of Field: 3441 Would be read as: 344.1

(Implied decimal is read after the first three character positions.)

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

CONDITION PRESENT AT ADMISSION
(for the Principal Diagnosis)

FIELD NAME : CPOA_P

DEFINITION : The indicator for whether or not the condition was present at admission by reporting Yes, No, or Uncertain for the Principal Diagnosis.

CODES, CATEGORIES AND COMMENTS:

The indicator for the principal diagnosis is defaulted to Yes (present at admission), unless reported otherwise.

<u>Code</u>		<u>Category</u>
Y	=	Yes
N	=	No
U	=	Uncertain

All other values of Condition Present At Admission are not considered valid.

Detailed parameters for reporting Condition Present At Admission are available in the California Patient Discharge Data Reporting Manual, Third Edition.

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

PRINCIPAL PROCEDURE

FIELD NAME : PROC_P

DEFINITION : The principal procedure is one which was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or which was necessary to take care of a complication.

The principal procedure is the procedure most related to the principal diagnosis.

If only non-therapeutic procedures were performed, then a significant non-therapeutic procedure should be reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or affects DRG assignment.

CODES, CATEGORIES AND COMMENTS:

The appropriate codes to be entered are specified in the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), U.S. Department of Health and Human Services, Washington, D.C.

Note: HCPCS and CPT codes are not accepted by OSHPD.

CODE STRUCTURE (examples):

Content of Field: 022 Would be read as: 02.2
Content of Field: 0293 Would be read as: 02.93
(Implied decimal is read after the first two positions.)

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

DAYS FROM ADMISSION TO PRINCIPAL PROCEDURE

FIELD NAME : PROC_PDY

DEFINITION : The number of days between the patient's admission date and the date of the Principal Procedure.

CODES, CATEGORIES AND COMMENTS:

If the Principal Procedure was performed prior to admission, this numeric value will be prefixed with a minus (-) sign. The days are calculated by subtracting the date of admission from the date of the Principal Procedure. If the Principal Procedure was performed on the day of admission, the number of days will be 0. If no Principal Procedure or date is reported, the days are shown as -999. The maximum value is 9999, which means that the procedure was performed more than 9998 days after admission.

Beginning with 2001 discharges, if no procedure was performed, the days to procedure will be zero. For procedures performed on the same day as admission, the days will also be zero.

Some hospitals report procedures performed on their inpatients, on an outpatient basis by another facility, during the patient's stay at the reporting hospital. Therefore, not all procedures reported by a hospital were necessarily performed by and at that hospital.

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

OTHER DIAGNOSES

(24 Other Diagnoses)

FIELD NAME : ODIAG1 to ODIAG24

DEFINITION : Conditions that coexist at the time of admission, develop subsequently during the hospital stay, affect the treatment received, or affect the length of stay.

CODES, CATEGORIES AND COMMENTS:

Beginning with 1999, the psychiatric codes from Diagnostic and Statistical Manual of Mental Disorders (DSM), by American Psychiatric Association, Washington D.C., are not accepted by OSHPD.

The appropriate codes to be entered are specified in the International Classification of Diseases 9th Revision, Clinical Modification, U.S. Department of Health and Human Services, Washington, D.C. (ICD-9-CM).

Other Diagnoses do not include E-Codes. E-Codes are located in special E-Code fields.

Note: Morphology or SNODO codes are not accepted by OSHPD.

CODE STRUCTURE (examples):

Content of Field: V5781 Would be read as: V57.81

Content of Field: 3441 Would be read as: 344.1

(Implied decimal is read after the first three positions.)

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

CONDITION PRESENT AT ADMISSION
(for the Other Diagnoses)

FIELD NAME : CPOA1 to CPOA24

DEFINITION : The indicator for whether or not the condition was present at admission by reporting Yes, No, or Uncertain for all Other Diagnoses.

CODES, CATEGORIES AND COMMENTS:

<u>Code</u>	<u>Category</u>
Y	= Yes
N	= No
U	= Uncertain

All other values of Condition Present At Admission are not considered valid.

Detailed parameters for reporting Condition Present At Admission are available in the California Patient Discharge Data Reporting Manual, Third Edition.

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

OTHER PROCEDURES
(Maximum 20)

FIELD NAME : OPROC1 to OPROC20

DEFINITION : The procedure code is reported according to the ICD-9-CM. A procedure is considered significant when it is a surgical risk, procedural risk, anesthetic risk or is needed for DRG assignment.

CODES, CATEGORIES AND COMMENTS:

The appropriate codes to be entered are specified in the International Classification of Diseases 9th Revision, Clinical Modification (ICD-9-CM), U.S. Department of Health and Human Services, Washington, D.C. All significant procedures that are surgical in nature or carry procedural risk, or carry an anesthetic risk, or affect DRG assignment, are reported.

Note: HCPCS and CPT codes are not accepted by OSHPD.

CODE STRUCTURE (examples):

Content of Field: 022 Would be read as: 02.2

Content of Field: 0293 Would be read as: 02.93

(Implied decimal is read after the first two positions.)

CALIFORNIA PATIENT DISCHARGE DATA
January-December 2000

DAYS FROM ADMISSION TO OTHER PROCEDURES

FIELD NAME : PROCDY1 to PROCDY20

DEFINITION : The number of days between the patient's admission date and the date of the Other Procedure.

CODES, CATEGORIES AND COMMENTS:

If the procedure was performed prior to admission, this numeric value will be prefixed with a minus (-) sign. The days are calculated by subtracting the date of admission from the date of the Other Procedures. If an Other Procedure was performed on the day of admission, the number of days will be 0. If no Other Procedure is reported, the number of days is given as -999. The maximum value is 9999, which means that the procedure was performed more than 9998 days after admission.

Beginning with 2001 discharges, if no procedure was performed, the days to procedure will be zero. For procedures performed on the same day as admission, the days will also be zero.

Some hospitals report procedures which were performed on their inpatients, on an outpatient basis by another facility, during the patient's stay at the reporting hospital. Therefore, not all procedures reported by a hospital were necessarily performed by and at that hospital.

CALIFORNIA PATIENT DISCHARGE DATA

January-December 2000

APPENDICES

A full set of appendix files in a portable document format (.pdf) is included for viewing and printing. In addition, a subset of appendices are duplicated in comma-delimited text format (.txt). These text files can be used with relational database software to link code numbers from the data with their respective labels (e.g., the Hospital ID Number, (OSHDP_ID), from the data set can be matched with the hospital name in Appendix F). See the tables below for descriptions of the appendices.

APPENDICES PDF Files		
The complete set of Appendices (PDF format) is located in the "Appendices_00_pdf" folder.		
Appendices	File Name	PDF files must be viewed/read with Adobe Acrobat Reader
A	App_A_counties.pdf	Listing of California counties (names and codes).
B	App_B_mdc.pdf	Listing of Major Diagnostic Categories (names and codes)
C	App_C_drg.pdf	Listing of Diagnosis Related Groups (names and codes)
D	App_D_exceptions.pdf	Data Exceptions (Approved Requests for Modifications and Non-Compliances)
E	App_E_plan_codes.pdf	Plan Codes for Expected Source of Payment
F	App_F_hospital_list.pdf	Listing of all hospitals in data set (Hospital ID#, Name, ZIP, HSA, HFPA and total discharges)
G	App_G_report_form.pdf	Manual Abstract Reporting Form (OSHDP-1370)
H	App_H_consolidated_hospitals.pdf	Listing of all hospital locations on Consolidated Licenses
I	App_I_data_fields.pdf	Data Fields, comma delimited format, public set
J	App_J_masked_field_freqs.pdf	Frequencies, by Value, of Fields Subject to Masking

APPENDICES TXT Files		
A duplicate, sub-set of Appendices (comma delimited text) is located in the "Appendices_00_text" folder.		
Appendices	File Name	The text files below can be used as database tables to link codes with labels
A	App_A_counties.txt	Listing of California counties (names and codes)
B	App_B_mdc.txt	Listing of Major Diagnostic Categories (names and codes)
C	App_C_drg.txt	Listing of Diagnosis Related Groups (names and codes)
E	App_E_plan_codes.txt	Plan Codes for Expected Source of Payment
F	App_F_hospital_list.txt	Listing of all hospitals in data set (Hospital ID#, Name, ZIP, HSA, HFPA and total discharges)

APPENDIX A

COUNTIES OF CALIFORNIA NAMES AND CODE NUMBERS (Small County Codes in parentheses)

COUNTY		COUNTY		COUNTY	
#	<u>Name</u>	#	<u>Name</u>	#	<u>Name</u>
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine (CE)	21	Marin	41	San Mateo
03	Amador	22	Mariposa (CE)	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa (NW)	25	Modoc (NE)	45	Shasta
07	Contra Costa	26	Mono (CE)	46	Sierra (NE)
08	Del Norte	27	Monterey	47	Siskiyou
09	El Dorado	28	Napa	48	Solano
10	Fresno	29	Nevada	49	Sonoma
11	Glenn (NW)	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas (NE)	52	Tehama
14	Inyo (CE)	33	Riverside	53	Trinity (NW)
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

APPENDIX B

Major Diagnostic Categories (MDCs)
2000

DRG Grouper Version 17.0

MDC	Description
01	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
02	DISEASES & DISORDERS OF THE EYE
03	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT
04	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
05	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
06	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM
07	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS
08	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
09	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST
10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS
11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT
12	DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM
13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM
14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM
15	NEWBORNS & OTHER NEONATES WITH CONDITIONS ORIGINATING IN THE PERINATAL PERIOD
16	DISEASES & DISORDERS OF BLOOD & BLOOD FORMING ORGANS & IMMUNOLOGICAL DISORDERS
17	MYELOPROLIFERATIVE DISEASES & DISORDERS & POORLY DIFFERENTIATED NEOPLASMS
18	INFECTIOUS & PARASITIC DISEASES (SYSTEMIC OR UNSPECIFIED SITES)
19	MENTAL DISEASES & DISORDERS
20	ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS
21	INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS
22	BURNS
23	FACTORS INFLUENCING HEALTH STATUS & OTHER CONTACTS WITH HEALTH SERVICES
24	MULTIPLE SIGNIFICANT TRAUMA
25	HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS
00	UNGROUPABLE

Source: DRGs: Diagnosis Related Groups Definitions Manual, Version 17.0, effective 10/1/99, Developed for the federal Health Care Financing Administration by 3M® Health Information Systems, New Haven CT 06511

APPENDIX C

DIAGNOSIS RELATED GROUPS (DRGs) for 2000
DRG Grouper Version 17.0

DRG	MDC	Med/ Surg	Description
001	01	P	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA
002	01	P	CRANIOTOMY FOR TRAUMA AGE >17
003	01	P	CRANIOTOMY AGE 0-17
004	01	P	SPINAL PROCEDURES
005	01	P	EXTRACRANIAL VASCULAR PROCEDURES
006	01	P	CARPAL TUNNEL RELEASE
007	01	P	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
008	01	P	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC
009	01	M	SPINAL DISORDERS & INJURIES
010	01	M	NERVOUS SYSTEM NEOPLASMS W CC
011	01	M	NERVOUS SYSTEM NEOPLASMS W/O CC
012	01	M	DEGENERATIVE NERVOUS SYSTEM DISORDERS
013	01	M	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
014	01	M	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA
015	01	M	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS
016	01	M	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
017	01	M	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC
018	01	M	CRANIAL & PERIPHERAL NERVE DISORDERS W CC
019	01	M	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC
020	01	M	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS
021	01	M	VIRAL MENINGITIS
022	01	M	HYPERTENSIVE ENCEPHALOPATHY
023	01	M	NONTRAUMATIC STUPOR & COMA
024	01	M	SEIZURE & HEADACHE AGE >17 W CC
025	01	M	SEIZURE & HEADACHE AGE >17 W/O CC
026	01	M	SEIZURE & HEADACHE AGE 0-17
027	01	M	TRAUMATIC STUPOR & COMA, COMA >1 HR
028	01	M	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC
029	01	M	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC
030	01	M	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17
031	01	M	CONCUSSION AGE >17 W CC
032	01	M	CONCUSSION AGE >17 W/O CC
033	01	M	CONCUSSION AGE 0-17
034	01	M	OTHER DISORDERS OF NERVOUS SYSTEM W CC
035	01	M	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC
036	02	P	RETINAL PROCEDURES
037	02	P	ORBITAL PROCEDURES
038	02	P	PRIMARY IRIS PROCEDURES
039	02	P	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY
040	02	P	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17
041	02	P	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17
042	02	P	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
043	02	M	HYPHEMA
044	02	M	ACUTE MAJOR EYE INFECTIONS
045	02	M	NEUROLOGICAL EYE DISORDERS
046	02	M	OTHER DISORDERS OF THE EYE AGE >17 W CC
047	02	M	OTHER DISORDERS OF THE EYE AGE >17 W/O CC
048	02	M	OTHER DISORDERS OF THE EYE AGE 0-17
049	03	P	MAJOR HEAD & NECK PROCEDURES
050	03	P	SIALOADENECTOMY
051	03	P	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY
052	03	P	CLEFT LIP & PALATE REPAIR
053	03	P	SINUS & MASTOID PROCEDURES AGE >17
054	03	P	SINUS & MASTOID PROCEDURES AGE 0-17
055	03	P	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
056	03	P	RHINOPLASTY
057	03	P	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
058	03	P	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
059	03	P	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
060	03	P	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
061	03	P	MYRINGOTOMY W TUBE INSERTION AGE >17
062	03	P	MYRINGOTOMY W TUBE INSERTION AGE 0-17
063	03	P	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES
064	03	M	EAR, NOSE, MOUTH & THROAT MALIGNANCY
065	03	M	DYSEQUILIBRIUM
066	03	M	EPISTAXIS
067	03	M	EPIGLOTTITIS
068	03	M	OTITIS MEDIA & URI AGE >17 W CC

APPENDIX C

DIAGNOSIS RELATED GROUPS (DRGs) for 2000 DRG Grouper Version 17.0

DRG	MDC	Med/ Surg	Description
069	03	M	OTITIS MEDIA & URI AGE >17 W/O CC
070	03	M	OTITIS MEDIA & URI AGE 0-17
071	03	M	LARYNGOTRACHEITIS
072	03	M	NASAL TRAUMA & DEFORMITY
073	03	M	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17
074	03	M	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17
075	04	P	MAJOR CHEST PROCEDURES
076	04	P	OTHER RESP SYSTEM O.R. PROCEDURES W CC
077	04	P	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC
078	04	M	PULMONARY EMBOLISM
079	04	M	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC
080	04	M	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC
081	04	M	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17
082	04	M	RESPIRATORY NEOPLASMS
083	04	M	MAJOR CHEST TRAUMA W CC
084	04	M	MAJOR CHEST TRAUMA W/O CC
085	04	M	PLEURAL EFFUSION W CC
086	04	M	PLEURAL EFFUSION W/O CC
087	04	M	PULMONARY EDEMA & RESPIRATORY FAILURE
088	04	M	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
089	04	M	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC
090	04	M	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC
091	04	M	SIMPLE PNEUMONIA & PLEURISY AGE 0-17
092	04	M	INTERSTITIAL LUNG DISEASE W CC
093	04	M	INTERSTITIAL LUNG DISEASE W/O CC
094	04	M	PNEUMOTHORAX W CC
095	04	M	PNEUMOTHORAX W/O CC
096	04	M	BRONCHITIS & ASTHMA AGE >17 W CC
097	04	M	BRONCHITIS & ASTHMA AGE >17 W/O CC
098	04	M	BRONCHITIS & ASTHMA AGE 0-17
099	04	M	RESPIRATORY SIGNS & SYMPTOMS W CC
100	04	M	RESPIRATORY SIGNS & SYMPTOMS W/O CC
101	04	M	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC
102	04	M	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC
103	05	P	HEART TRANSPLANT
104	05	P	CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W CARDIAC CATH
105	05	P	CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W/O CARDIAC CATH
106	05	P	CORONARY BYPASS W PTCA
107	05	P	CORONARY BYPASS W CARDIAC CATH
108	05	P	OTHER CARDIOTHORACIC PROCEDURES
109	05	P	CORONARY BYPASS W/O CARDIAC CATH
110	05	P	MAJOR CARDIOVASCULAR PROCEDURES W CC
111	05	P	MAJOR CARDIOVASCULAR PROCEDURES W/O CC
112	05	P	PERCUTANEOUS CARDIOVASCULAR PROCEDURES
113	05	P	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE
114	05	P	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS
115	05	P	PRM CARD PACEM IMPL W AMI,HRT FAIL OR SHK,OR AICD LEAD OR GNRTR PROC
116	05	P	OTH PERM CARD PACEMAK IMPL OR PTCA W CORONARY ARTERY STENT IMPLNT
117	05	P	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
118	05	P	CARDIAC PACEMAKER DEVICE REPLACEMENT
119	05	P	VEIN LIGATION & STRIPPING
120	05	P	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
121	05	M	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE
122	05	M	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE
123	05	M	CIRCULATORY DISORDERS W AMI, EXPIRED
124	05	M	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG
125	05	M	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG
126	05	M	ACUTE & SUBACUTE ENDOCARDITIS
127	05	M	HEART FAILURE & SHOCK
128	05	M	DEEP VEIN THROMBOPHLEBITIS
129	05	M	CARDIAC ARREST, UNEXPLAINED
130	05	M	PERIPHERAL VASCULAR DISORDERS W CC
131	05	M	PERIPHERAL VASCULAR DISORDERS W/O CC
132	05	M	ATHEROSCLEROSIS W CC
133	05	M	ATHEROSCLEROSIS W/O CC
134	05	M	HYPERTENSION
135	05	M	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC
136	05	M	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC

APPENDIX C

DIAGNOSIS RELATED GROUPS (DRGs) for 2000 DRG Grouper Version 17.0

DRG	MDC	Med/ Surg	Description
137	05	M	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17
138	05	M	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC
139	05	M	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC
140	05	M	ANGINA PECTORIS
141	05	M	SYNCOPE & COLLAPSE W CC
142	05	M	SYNCOPE & COLLAPSE W/O CC
143	05	M	CHEST PAIN
144	05	M	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC
145	05	M	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC
146	06	P	RECTAL RESECTION W CC
147	06	P	RECTAL RESECTION W/O CC
148	06	P	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
149	06	P	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC
150	06	P	PERITONEAL ADHESIOLYSIS W CC
151	06	P	PERITONEAL ADHESIOLYSIS W/O CC
152	06	P	MINOR SMALL & LARGE BOWEL PROCEDURES W CC
153	06	P	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC
154	06	P	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC
155	06	P	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC
156	06	P	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
157	06	P	ANAL & STOMAL PROCEDURES W CC
158	06	P	ANAL & STOMAL PROCEDURES W/O CC
159	06	P	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC
160	06	P	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC
161	06	P	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC
162	06	P	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC
163	06	P	HERNIA PROCEDURES AGE 0-17
164	06	P	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
165	06	P	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
166	06	P	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
167	06	P	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC
168	03	P	MOUTH PROCEDURES W CC
169	03	P	MOUTH PROCEDURES W/O CC
170	06	P	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
171	06	P	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC
172	06	M	DIGESTIVE MALIGNANCY W CC
173	06	M	DIGESTIVE MALIGNANCY W/O CC
174	06	M	G.I. HEMORRHAGE W CC
175	06	M	G.I. HEMORRHAGE W/O CC
176	06	M	COMPLICATED PEPTIC ULCER
177	06	M	UNCOMPLICATED PEPTIC ULCER W CC
178	06	M	UNCOMPLICATED PEPTIC ULCER W/O CC
179	06	M	INFLAMMATORY BOWEL DISEASE
180	06	M	G.I. OBSTRUCTION W CC
181	06	M	G.I. OBSTRUCTION W/O CC
182	06	M	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC
183	06	M	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC
184	06	M	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17
185	03	M	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17
186	03	M	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17
187	03	M	DENTAL EXTRACTIONS & RESTORATIONS
188	06	M	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC
189	06	M	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC
190	06	M	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17
191	07	P	PANCREAS, LIVER & SHUNT PROCEDURES W CC
192	07	P	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC
193	07	P	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC
194	07	P	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC
195	07	P	CHOLECYSTECTOMY W C.D.E. W CC
196	07	P	CHOLECYSTECTOMY W C.D.E. W/O CC
197	07	P	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
198	07	P	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC
199	07	P	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
200	07	P	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
201	07	P	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES
202	07	M	CIRRHOSIS & ALCOHOLIC HEPATITIS
203	07	M	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS
204	07	M	DISORDERS OF PANCREAS EXCEPT MALIGNANCY

APPENDIX C

DIAGNOSIS RELATED GROUPS (DRGs) for 2000 DRG Grouper Version 17.0

DRG	MDC	Med/ Surg	Description
205	07	M	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEP A W CC
206	07	M	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEP A W/O CC
207	07	M	DISORDERS OF THE BILIARY TRACT W CC
208	07	M	DISORDERS OF THE BILIARY TRACT W/O CC
209	08	P	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY
210	08	P	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC
211	08	P	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC
212	08	P	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
213	08	P	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS
216	08	P	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
217	08	P	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCULOSKELET & CONN TISS DIS
218	08	P	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC
219	08	P	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC
220	08	P	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17
223	08	P	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC
224	08	P	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC
225	08	P	FOOT PROCEDURES
226	08	P	SOFT TISSUE PROCEDURES W CC
227	08	P	SOFT TISSUE PROCEDURES W/O CC
228	08	P	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC
229	08	P	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC
230	08	P	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR
231	08	P	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR
232	08	P	ARTHROSCOPY
233	08	P	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
234	08	P	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC
235	08	M	FRACTURES OF FEMUR
236	08	M	FRACTURES OF HIP & PELVIS
237	08	M	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH
238	08	M	OSTEOMYELITIS
239	08	M	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY
240	08	M	CONNECTIVE TISSUE DISORDERS W CC
241	08	M	CONNECTIVE TISSUE DISORDERS W/O CC
242	08	M	SEPTIC ARTHRITIS
243	08	M	MEDICAL BACK PROBLEMS
244	08	M	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC
245	08	M	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC
246	08	M	NON-SPECIFIC ARTHROPATHIES
247	08	M	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE
248	08	M	TENDONITIS, MYOSITIS & BURSITIS
249	08	M	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
250	08	M	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC
251	08	M	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC
252	08	M	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17
253	08	M	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W CC
254	08	M	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W/O CC
255	08	M	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE 0-17
256	08	M	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES
257	09	P	TOTAL MASTECTOMY FOR MALIGNANCY W CC
258	09	P	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
259	09	P	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC
260	09	P	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC
261	09	P	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION
262	09	P	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
263	09	P	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC
264	09	P	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC
265	09	P	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC
266	09	P	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC
267	09	P	PERIANAL & PILONIDAL PROCEDURES
268	09	P	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES
269	09	P	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC
270	09	P	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC
271	09	M	SKIN ULCERS
272	09	M	MAJOR SKIN DISORDERS W CC
273	09	M	MAJOR SKIN DISORDERS W/O CC
274	09	M	MALIGNANT BREAST DISORDERS W CC
275	09	M	MALIGNANT BREAST DISORDERS W/O CC
276	09	M	NON-MALIGNANT BREAST DISORDERS

APPENDIX C

DIAGNOSIS RELATED GROUPS (DRGs) for 2000 DRG Grouper Version 17.0

DRG	MDC	Med/ Surg	Description
277	09	M	CELLULITIS AGE >17 W CC
278	09	M	CELLULITIS AGE >17 W/O CC
279	09	M	CELLULITIS AGE 0-17
280	09	M	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC
281	09	M	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC
282	09	M	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17
283	09	M	MINOR SKIN DISORDERS W CC
284	09	M	MINOR SKIN DISORDERS W/O CC
285	10	P	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS
286	10	P	ADRENAL & PITUITARY PROCEDURES
287	10	P	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS
288	10	P	O.R. PROCEDURES FOR OBESITY
289	10	P	PARATHYROID PROCEDURES
290	10	P	THYROID PROCEDURES
291	10	P	THYROGLOSSAL PROCEDURES
292	10	P	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
293	10	P	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC
294	10	M	DIABETES AGE >35
295	10	M	DIABETES AGE 0-35
296	10	M	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC
297	10	M	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC
298	10	M	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17
299	10	M	INBORN ERRORS OF METABOLISM
300	10	M	ENDOCRINE DISORDERS W CC
301	10	M	ENDOCRINE DISORDERS W/O CC
302	11	P	KIDNEY TRANSPLANT
303	11	P	KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM
304	11	P	KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC
305	11	P	KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC
306	11	P	PROSTATECTOMY W CC
307	11	P	PROSTATECTOMY W/O CC
308	11	P	MINOR BLADDER PROCEDURES W CC
309	11	P	MINOR BLADDER PROCEDURES W/O CC
310	11	P	TRANSURETHRAL PROCEDURES W CC
311	11	P	TRANSURETHRAL PROCEDURES W/O CC
312	11	P	URETHRAL PROCEDURES, AGE >17 W CC
313	11	P	URETHRAL PROCEDURES, AGE >17 W/O CC
314	11	P	URETHRAL PROCEDURES, AGE 0-17
315	11	P	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES
316	11	M	RENAL FAILURE
317	11	M	ADMIT FOR RENAL DIALYSIS
318	11	M	KIDNEY & URINARY TRACT NEOPLASMS W CC
319	11	M	KIDNEY & URINARY TRACT NEOPLASMS W/O CC
320	11	M	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC
321	11	M	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC
322	11	M	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17
323	11	M	URINARY STONES W CC, &/OR ESW LITHOTRIPSY
324	11	M	URINARY STONES W/O CC
325	11	M	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC
326	11	M	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC
327	11	M	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17
328	11	M	URETHRAL STRICTURE AGE >17 W CC
329	11	M	URETHRAL STRICTURE AGE >17 W/O CC
330	11	M	URETHRAL STRICTURE AGE 0-17
331	11	M	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC
332	11	M	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC
333	11	M	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17
334	12	P	MAJOR MALE PELVIC PROCEDURES W CC
335	12	P	MAJOR MALE PELVIC PROCEDURES W/O CC
336	12	P	TRANSURETHRAL PROSTATECTOMY W CC
337	12	P	TRANSURETHRAL PROSTATECTOMY W/O CC
338	12	P	TESTES PROCEDURES, FOR MALIGNANCY
339	12	P	TESTES PROCEDURES, NON-MALIGNANCY AGE >17
340	12	P	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
341	12	P	PENIS PROCEDURES
342	12	P	CIRCUMCISION AGE >17
343	12	P	CIRCUMCISION AGE 0-17
344	12	P	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY

APPENDIX C

DIAGNOSIS RELATED GROUPS (DRGs) for 2000 DRG Grouper Version 17.0

DRG	MDC	Med/ Surg	Description
345	12	P	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY
346	12	M	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC
347	12	M	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC
348	12	M	BENIGN PROSTATIC HYPERTROPHY W CC
349	12	M	BENIGN PROSTATIC HYPERTROPHY W/O CC
350	12	M	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM
351	12	M	STERILIZATION, MALE
352	12	M	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES
353	13	P	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
354	13	P	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
355	13	P	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC
356	13	P	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
357	13	P	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY
358	13	P	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC
359	13	P	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
360	13	P	VAGINA, CERVIX & VULVA PROCEDURES
361	13	P	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
362	13	P	ENDOSCOPIC TUBAL INTERRUPTION
363	13	P	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
364	13	P	D&C, CONIZATION EXCEPT FOR MALIGNANCY
365	13	P	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES
366	13	M	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC
367	13	M	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC
368	13	M	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM
369	13	M	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS
370	14	P	CESAREAN SECTION W CC
371	14	P	CESAREAN SECTION W/O CC
372	14	M	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
373	14	M	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
374	14	P	VAGINAL DELIVERY W STERILIZATION &/OR D&C
375	14	P	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
376	14	M	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
377	14	P	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
378	14	M	ECTOPIC PREGNANCY
379	14	M	THREATENED ABORTION
380	14	M	ABORTION W/O D&C
381	14	P	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
382	14	M	FALSE LABOR
383	14	M	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS
384	14	M	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS
385	15	M	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
386	15	M	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
387	15	M	PREMATURITY W MAJOR PROBLEMS
388	15	M	PREMATURITY W/O MAJOR PROBLEMS
389	15	M	FULL TERM NEONATE W MAJOR PROBLEMS
390	15	M	NEONATE W OTHER SIGNIFICANT PROBLEMS
391	15	M	NORMAL NEWBORN
392	16	P	SPLENECTOMY AGE >17
393	16	P	SPLENECTOMY AGE 0-17
394	16	P	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS
395	16	M	RED BLOOD CELL DISORDERS AGE >17
396	16	M	RED BLOOD CELL DISORDERS AGE 0-17
397	16	M	COAGULATION DISORDERS
398	16	M	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC
399	16	M	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC
400	17	P	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE
401	17	P	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC
402	17	P	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC
403	17	M	LYMPHOMA & NON-ACUTE LEUKEMIA W CC
404	17	M	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC
405	17	M	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17
406	17	P	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC
407	17	P	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC
408	17	P	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC
409	17	M	RADIOTHERAPY
410	17	M	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS
411	17	M	HISTORY OF MALIGNANCY W/O ENDOSCOPY
412	17	M	HISTORY OF MALIGNANCY W ENDOSCOPY

APPENDIX C

DIAGNOSIS RELATED GROUPS (DRGs) for 2000 DRG Grouper Version 17.0

DRG	MDC	Med/ Surg	Description
413	17	M	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC
414	17	M	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC
415	18	P	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES
416	18	M	SEPTICEMIA AGE >17
417	18	M	SEPTICEMIA AGE 0-17
418	18	M	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS
419	18	M	FEVER OF UNKNOWN ORIGIN AGE >17 W CC
420	18	M	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC
421	18	M	VIRAL ILLNESS AGE >17
422	18	M	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17
423	18	M	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES
424	19	P	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
425	19	M	ACUTE ADJUST REACTION & PSYCHOSOCIAL DYSFUNCTION
426	19	M	DEPRESSIVE NEUROSES
427	19	M	NEUROSES EXCEPT DEPRESSIVE
428	19	M	DISORDERS OF PERSONALITY & IMPULSE CONTROL
429	19	M	ORGANIC DISTURBANCES & MENTAL RETARDATION
430	19	M	PSYCHOSES
431	19	M	CHILDHOOD MENTAL DISORDERS
432	19	M	OTHER MENTAL DISORDER DIAGNOSES
433	20	M	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
434	20	M	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC
435	20	M	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O CC
436	20	M	ALC/DRUG DEPENDENCE W REHABILITATION THERAPY
437	20	M	ALC/DRUG DEPENDENCE, COMBINED REHAB & DETOX THERAPY
439	21	P	SKIN GRAFTS FOR INJURIES
440	21	P	WOUND DEBRIDEMENTS FOR INJURIES
441	21	P	HAND PROCEDURES FOR INJURIES
442	21	P	OTHER O.R. PROCEDURES FOR INJURIES W CC
443	21	P	OTHER O.R. PROCEDURES FOR INJURIES W/O CC
444	21	M	TRAUMATIC INJURY AGE >17 W CC
445	21	M	TRAUMATIC INJURY AGE >17 W/O CC
446	21	M	TRAUMATIC INJURY AGE 0-17
447	21	M	ALLERGIC REACTIONS AGE >17
448	21	M	ALLERGIC REACTIONS AGE 0-17
449	21	M	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC
450	21	M	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC
451	21	M	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17
452	21	M	COMPLICATIONS OF TREATMENT W CC
453	21	M	COMPLICATIONS OF TREATMENT W/O CC
454	21	M	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC
455	21	M	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC
461	23	P	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES
462	23	M	REHABILITATION
463	23	M	SIGNS & SYMPTOMS W CC
464	23	M	SIGNS & SYMPTOMS W/O CC
465	23	M	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
466	23	M	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
467	23	M	OTHER FACTORS INFLUENCING HEALTH STATUS
468		P	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
469		M	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS
470			UNGROUPABLE
471	08	P	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY
473	17	M	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17
475	04	M	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT
476		P	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
477		P	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
478	05	P	OTHER VASCULAR PROCEDURES W CC
479	05	P	OTHER VASCULAR PROCEDURES W/O CC
480		P	LIVER TRANSPLANT
481		P	BONE MARROW TRANSPLANT
482		P	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES
483		P	TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES
484	24	P	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
485	24	P	LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUM
486	24	P	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA
487	24	M	OTHER MULTIPLE SIGNIFICANT TRAUMA
488	25	P	HIV W EXTENSIVE O.R. PROCEDURE

APPENDIX C

DIAGNOSIS RELATED GROUPS (DRGs) for 2000 DRG Grouper Version 17.0

DRG	MDC	Med/ Surg	Description
489	25	M	HIV W MAJOR RELATED CONDITION
490	25	M	HIV W OR W/O OTHER RELATED CONDITION
491	08	P	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY
492	17	M	CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS
493	07	P	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
494	07	P	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC
495		P	LUNG TRANSPLANT
496	08	P	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
497	08	P	SPINAL FUSION W CC
498	08	P	SPINAL FUSION W/O CC
499	08	P	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC
500	08	P	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC
501	08	P	KNEE PROCEDURES W PDX OF INFECTION W CC
502	08	P	KNEE PROCEDURES W PDX OF INFECTION W/O CC
503	08	P	KNEE PROCEDURES W/O PDX OF INFECTION
504	22	P	EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT
505	22	M	EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT
506	22	P	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA
507	22	P	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA
508	22	M	FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA
509	22	M	FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA
510	22	M	NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA
511	22	M	NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA

DRGs First, the major diagnostic category (MDC) is assigned based on the principal diagnosis. Then, the record is assigned to one of the diagnosis related groups (DRG) within that MDC.

Pre MDC DRGs For the five DRGs listed below, the DRG is assigned first, based on any procedure for liver transplant, bone marrow transplant, tracheostomy, or lung transplant, then it is assigned an MDC based on principal diagnosis:

- 480 - Liver Transplant
- 481 - Bone Marrow Transplant
- 482 - Tracheostomy for Face, Mouth & Neck Diagnoses
- 483 - Tracheostomy Except for Face, Mouth & Neck Diagnoses
- 495 - Lung Transplant

Unrelated DRGs The current version of the Grouper has four DRGs (468, 470, 476, and 477) whose patients may be assigned to a variety of MDCs, based on the principal diagnosis. Patients are assigned to DRGs 468, 476 or 477 when all procedures performed are unrelated to the principal diagnosis. Some patients in DRG 470 are not assigned by the Grouper to any MDC; their MDC is shown as 00 (Ungroupable). Records fall in DRG 470 because the information on the record is considered inconsistent or invalid by the Grouper's algorithm.

CC **Complications or Comorbidities.** A **comorbidity** is a pre-existing condition which, because of its presence with a specific principal diagnosis, affects the treatment received, and/or length of stay by at least one day in 75% of the cases, and therefore affects the DRG assignment. A **complication** is a condition that develops following treatment and may affect the treatment received and/or may affect the length of stay by at least one day in at least 75% of the cases, and therefore affects the DRG assignment.

The Health Care Financing Administration (HCFA) developed five principles for complication and comorbidity:

- 1 - Chronic and acute manifestations of the same condition should not be considered CCs for one another.
- 2 - Specific and nonspecific diagnosis codes for a condition should not be considered CCs for one another.
- 3 - Conditions that may not coexist, such as partial/total, unilateral/bilateral, obstructed/unobstructed, and benign/malignant should not be considered CCs for one another.
- 4 - The same condition in anatomically proximal sites, such as congenital/acquired, should not be considered CCs for one another.
- 5 - Closely related conditions, such as symptoms to the related condition (e.g., dysuria and urinary tract infection), should not be considered CCs for one another.

Med/Surg codes: P = Procedural (surgical)
M = Medical

Source: DRGs: Diagnostic Related Groups Definitions Manual, Version 17.0, effective 10/1/99, Developed for the federal Health Care Financing Administration by 3M® Health Information Systems, New Haven CT 06511

APPENDIX D
January-December 2000 Discharge Data Exceptions
By Hospital Name

HOSPITAL	ID#	TIME PERIOD	DATA ELEMENT	COMMENTS
ALHAMBRA HOSPITAL MEDICAL CENTER	190017	01/01/1999 through 12/31/2000	Expected Source of Payment	Expected source of payment not reported consistent with OSHPD requirements.
BAKERSFIELD HEART HOSPITAL	154101	07/01/1999 through 12/31/2000	Sex / Zip Code / Prehospital Care and Resuscitation / Race	Sex - other & unknown not reported consistent with OSHPD requirements. Zip Codes - foreign and homeless not consistent with OSHPD requirements. Prehospital care and resuscitation reported 100% as "no". Ethnicity "unknown" not reported consistent with OSHPD requirements.
COLLEGE HOSPITAL COSTA MESA	301155	07/01/2000 through 12/31/2001	Other E-Codes	Other E-codes not reported consistent with OSHPD requirements.
CORCORAN DISTRICT HOSPITAL	160702	01/01/1999 through 12/31/2001	Condition Present @ Admission / Race	Condition present at admission not reported consistent with OSHPD requirements. Race and ethnicity not reported consistent with OSHPD requirements.
DAMERON HOSPITAL	390846	07/01/1999 through 06/30/2001	Race	Race and ethnicity "unknown" not reported consistent with OSHPD requirements.
DOCTOR'S MEDICAL CENTER-SAN PABLO	070904	01/01/2000 through 12/31/2000	Race	Race and ethnicity not reported consistent with OSHPD requirements.
EARL & LORRAINE MILLER CHILDREN'S HOSPITAL	196168	07/01/2000 through 06/30/2001	Discharges	Newborns born at Long Beach & immediately admitted to Earl & Lorraine Miller Children's Hospital (196168) NICU, were erroneously reported as newborns on Earl & Lorraine Miller's data instead of Long Beach.
EDEN MEDICAL CENTER	010805	01/01/1999 through 12/31/2000	Expected Source of Payment	Expected source of payment not reported consistent with OSHPD requirements.
EDGEMONT HOSPITAL	190260	07/01/1999 through 06/10/2000	Principal Diagnosis / Other Diagnoses / Condition Present @	Principal diagnosis, other diagnoses, and condition present @ admission not reported consistent with OSHPD requirements. FACILITY CLOSED.
FAIRCHILD MEDICAL CENTER	474007	07/01/1999 through 06/30/2000	Condition Present @ Admission / Other Diagnoses / Race	Condition present at admission reported 100% as "yes". Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
GARFIELD MEDICAL CENTER	190315	07/01/1998 through 06/30/2000	Race / Expected Source of Payment	Race and ethnicity not reported consistent with OSHPD requirements. Expected source of payment not reported consistent with OSHPD requirements.
GLENDALE ADVENTIST MEDICAL CENTER	190323	01/01/2000 through 12/31/2000	Race	Race and ethnicity not reported consistent with OSHPD requirements.
GLENDALE MEMORIAL HOSPITAL & HEALTHCARE	190522	07/01/1999 through 12/31/2000	Race	Race and ethnicity not reported consistent with OSHPD requirements.
GOLETA VALLEY COTTAGE HOSPITAL	420483	01/01/2000 through 06/30/2000	Expected Source of Payment	Expected source of payment "other indigent" and type of coverage "managed care-other" not reported.
HANFORD COMMUNITY HOSPITAL	160725	07/01/1999 through 06/30/2000	Condition Present @ Admission	Condition present at admission reported 100% as "yes".
HEMET VALLEY MEDICAL CENTER	331194	07/01/2000 through 06/30/2001	Race	Ethnicity "unknown" not reported consistent with OSHPD requirements.

APPENDIX D
January-December 2000 Discharge Data Exceptions
By Hospital Name

HERITAGE HOSPITAL	364188	07/01/1999 through 10/04/2000	Expected Source of Payment / Patient Disposition	Expected source of payment and patient disposition not reported consistent with OSHPD requirements. Hospital failed to report any data for the month of July 1999. FACILITY CLOSED.
HOLLYWOOD COMMUNITY - HOLLYWOOD	190380	01/01/1999 through 06/30/2000	Source of Admission	Source of admission "ambulatory surgery- this hospital" was not reported.
KAISER - ANAHEIM	301132	07/01/1999 through 12/31/2000	Race	Race and ethnicity not reported consistent with OSHPD requirements.
KAISER - FONTANA	361223	01/01/1999 through 12/31/2000	Race	Race and ethnicity not reported consistent with OSHPD requirements.
KAISER - WEST LOS ANGELES	190434	01/01/2000 through 12/31/2000	Race	Race and ethnicity not reported consistent with OSHPD requirements.
KAISER FOUNDATION HOSPITAL - CHEMICAL DEPENDENCY PROGRAM	364110	01/01/1999 through 12/31/2000	Race	Race and ethnicity not reported consistent with OSHPD requirements.
KAISER FOUNDATION NORTHERN CALIFORNIA		01/01/1999 through 12/31/2001	Total Charges	Total charges not reported.
KAISER FOUNDATION SOUTHERN CALIFORNIA		01/01/1999 through 12/31/2001	Total Charges	Total charges not reported.
KAWEAH DELTA DISTRICT HOSPITAL	540734	07/01/1998 through 06/30/2000	Race / Expected Source of Payment	Race with Hispanic ethnicity not reported consistent with OSHPD requirements. Expected source of payment type of coverage "Medicare" and "MediCal" not reported consistent with OSHPD requirements.
LAC/MARTIN LUTHER KING JR. DREW MED. CTR.	191230	07/01/2000 through 06/30/2001	Source of Admission	Source of admission not reported consistent with OSHPD requirements.
LANCASTER COMMUNITY HOSPITAL	190455	01/01/1999 through 06/30/2000	Expected Source of Payment	Expected source of payment not reported consistent with OSHPD requirements.
LASSEN COMMUNITY HOSPITAL	180919	01/01/2000 through 06/30/2001	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
LONG BEACH MEMORIAL HOSPITAL	190525	07/01/2000 through 06/30/2001	Discharges	Newborns born at Long Beach & immediately admitted to Earl & Lorraine Miller Children's Hospital (196168) NICU, were erroneously reported as newborns on Earl & Lorraine Miller's data and are therefore missing from Long Beach's data for 7-12/2000.
MAMMOTH HOSPITAL	260011	07/01/1999 through 12/31/2000	Race / Expected Source of Payment	Race with Hispanic ethnicity not reported consistent with OSHPD requirements. Expected source of payment not reported.
MARIE GREEN PSYCHIATRIC CENTER	244027	07/01/2000 through 12/31/2000	Patient Disposition / Source of Admission	Patient disposition and source of admission not reported consistent with OSHPD requirements.
MARIN GENERAL HOSPITAL	211006	07/01/2000 through 12/31/2000	Race	Ethnicity not reported consistent with OSHPD requirements.
MERCY GENERAL HOSPITAL	340947	01/01/1999 through 06/30/2000	Race	Race and ethnicity not reported consistent with OSHPD requirements.

APPENDIX D
January-December 2000 Discharge Data Exceptions
By Hospital Name

MISSION BAY HOSPITAL	370746	07/01/2000 through 11/30/2000	Source of Admission / Other Diagnosis / Condition Present @	Source of admission, other diagnosis and condition present @ admission not reported consistent with OSHPD requirements. FACILITY CLOSED.
MISSION COMMUNITY HOSPITAL - PANORAMA	190524	07/01/2000 through 12/31/2000	Total Charges	Total charges not reported consistent with OSHPD requirements.
MONROVIA COMMUNITY HOSPITAL	190541	01/01/1998 through 06/30/2001	Race / Prehospital Care and Resuscitation	Race and ethnicity not reported consistent with OSHPD requirements. Prehospital care and resuscitation not reported consistent with OSHPD requirements.
OAK VALLEY DISTRICT HOSPITAL	500967	07/01/1999 through 06/30/2000	Total Charges	Total charges not reported consistent with OSHPD requirements.
PARKVIEW COMMUNITY HOSPITAL	331293	01/01/2000 through 12/31/2001	Race	Race and ethnicity not reported consistent with OSHPD requirements.
PINE GROVE HOSPITAL	190605	01/01/2000 through 02/29/2000	Expected Source of Payment	Expected source of payment not reported 1/1/2000 - 2/29/2000.
POMONA VALLEY HOSPITAL MEDICAL CENTER	190630	07/01/1999 through 12/31/2000	Expected Source of Payment	Expected source of payment not reported consistent with OSHPD requirements.
RIDGECREST REGIONAL HOSPITAL	150782	07/01/1998 through 12/31/2000	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
SAN FRANCISCO GENERAL HOSPITAL & MEDICAL CENTER	380939	07/01/1999 through 12/31/2000	Expected Source of Payment	Expected source of payment not reported consistent with OSHPD requirements.
SANTA BARBARA COTTAGE HOSPITAL	420514	01/01/2000 through 06/30/2000	Expected Source of Payment	Expected source of payment "other indigent" and type of coverage "managed care-other" not reported.
SANTA YNEZ COTTAGE HOSPITAL	420522	01/01/2000 through 06/30/2000	Expected Source of Payment	Expected source of payment "other indigent" and type of coverage "managed care-other" not reported.
ST. DOMINIC'S HOSPITAL	394009	01/01/1999 through 6/30/2000	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
ST. FRANCIS MEDICAL CENTER	190754	01/01/1999 through 06/30/2000	Expected Source of Payment	Expected source of payment, type of coverage and plan code numbers not reported consistent with OSHPD requirements.
ST. JOHN'S PLEASANT VALLEY HOSPITAL	560508	01/01/1999 through 12/31/2000	Expected Source of Payment	Expected source of payment, type of coverage "Medicare" and MediCal" not reported consistent with OSHPD requirements.
ST. JOHN'S REGIONAL MEDICAL CENTER	560529	01/01/1999 through 06/30/2001	Expected Source of Payment / Source of Admission	Expected source of payment Medicare with managed care - Knox Keene/MCOHS included in private coverage. Source of admission not reported consistent with OSHPD requirements.
ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	391042	01/01/1999 through 06/30/2000	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
ST. VINCENT MEDICAL CENTER	190762	01/01/1999 through 06/30/2000	Type of Admission	Type of admission not reported consistent with OSHPD requirements.

APPENDIX D
January-December 2000 Discharge Data Exceptions
By Hospital Name

SUN HEALTH ROBERT H. BALLARD REHABILITATION HOSPITAL	364121	01/01/2000 through 06/30/2000	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.
SUTTER WARRACK HOSPITAL	491103	07/01/2000 through 12/31/2000	Prehospital Care and Resuscitation	Prehospital care and resuscitation not reported consistent with OSHPD requirements.
SUTTER/YUBA PHF	514001	01/01/1999 through 12/31/2000	Principal & Other E-Codes	Principal and other E-codes not reported.
TEMPLE COMMUNITY HOSPITAL	190784	01/01/2000 through 12/31/2000	Race / Source of Admission	Race and ethnicity and source of admission not reported consistent with OSHPD requirements.
TORRANCE MEMORIAL MEDICAL CENTER	190422	01/01/2000 through 12/31/2000	Expected Source of Payment	Expected source of payment type of coverage "Medicare" and MediCal" not reported consistent with OSHPD requirements.
VALLEY MEMORIAL HOSPITAL	010983	01/01/1999 through 06/30/2000	Expected Source of Payment	Expected source of payment not reported consistent with OSHPD requirements. Missing E-codes due to system and third party vendor problems.
VAN NUYS HOSPITAL	190816	01/06/2000 through 03/30/2001	Total Charges / Social Security Number / Patient Disposition / Expected Source of Payment / Prehospital Care and Resuscitation	Total charges, social security number, patient disposition, expected source of payment, prehospital care and resuscitation not reported. FACILITY CLOSED.
VICTOR VALLEY COMMUNITY HOSPITAL	361370	01/01/1999 through 08/31/2001	Expected Source of Payment / Race	Expected source of payment "Medicare" and "private coverage" not reported consistent with OSHPD requirements. Race with Hispanic ethnicity not reported consistent with OSHPD requirements through August 31, 2001.
VILLA VIEW COMMUNITY HOSPITAL	370787	01/01/2000 through 06/30/2001	Race	Race with Hispanic ethnicity not reported consistent with OSHPD requirements.

APPENDIX E
2000 Managed Care - Knox-Keene/MCOHS

Table 1.
Knox-Keene Licensed Plans and Plan Code Numbers

Plan Code Numbers	Plan Code Names
0000	Plan Code not applicable
0176	Aetna Health Plans of California, Inc.
0328	Alameda Alliance for Health
0322	American Family Care
0303	Blue Cross of California
0043	Blue Shield of California
0314	BPS HMO
0352	Brown and Toland Medical Group
0365	Calaveras Provider Network
0326	Care 1st Health Plan
0234	Careamerica-Southern California, Inc.
0278	Chinese Community Health Plan
0152	Cigna Healthcare of California, Inc.
0200	Community Health Group
0248	Community Health Plan (County of Los Angeles)
0360	Concentrated Care, Inc.
0054	Contra Costa Health Plan
0350	FPA Medical Management of California, Inc
0327	Great American Health Plan
0317	Greater Pacific HMO Inc
0292	HAI
0277	Healthmax America
0300	Health Net
0126	Health Plan of America (HPA)
0159	Health Plan of the Redwoods
0357	Heritage Provider Network, Inc.
0346	Inland Empire Health Plan
0151	Inter Valley Health Plan
0289	Kaiser Foundation Added Choice Health Plan
0055	Kaiser Foundation Health Plan, Inc.
0335	Kern Health Systems Inc
0343	Key Health Plan of California
0142	Lifeguard, Inc.
0355	LA Care Health Plan
0196	Managed Health Network
0002	Maxicare
0298	MCC Behavioral Care of California, Inc.
0345	MedPartners Provider Network, Inc.
0266	Metrahealth Care Plan
0288	Merit Behavioral Care of California, Inc.
0270	Monarch Plan Inc.
0222	National Health Plans
0222	National HMO
0235	Occupational Health Services (OHS)
0238	Omni Healthcare, Inc.
0325	One Health Plan of California Inc.
0301	Pacificare Behavioral Health of California Inc.
0126	Pacificare of California
0237	Priorityplus of California
0296	Prucare Plus
0300	Qualmed Plans for Health
0354	Regents of the University of California

APPENDIX E
2000 Managed Care - Knox-Keene/MCOHS

Table 1. Knox-Keene Licensed Plans and Plan Code Numbers (continued)	
Plan Code Numbers	Plan Code Names
0349	San Francisco Health Plan
0351	Santa Clara County Family Health Plan
0126	Secure Horizons
0310	Sharp Health Plan
0212	Smartcare Health Plan
0338	The Health Plan of San Joaquin
0324	Tower Health Service
0266	UHC Healthcare
0008	UHP Healthcare
0209	Universal Care
0236	Valley Health Plan
0293	Value Behavioral Health of California, Inc.
0344	Ventura County Health Care Plan
0102	Vista Behavioral Health Plan
0348	Western Health Advantage
8000	Other

Table 2. Medi-Cal County Organized Health Systems and Plan Code Numbers	
Plan Code Numbers	Name of Medi-Cal County Organized Health System
0000	Plan Code not applicable
9030	Cal Optima (Orange County)
9041	Health Plan of San Mateo (San Mateo County)
9042	Santa Barbara Health Authority (Santa Barbara County)
9044	Santa Cruz County Health Options (Santa Cruz County)
9048	Solano Partnership Health Plan (Solano County)

Related Plans: If the **plan code numbers** are the **same** and the **plan names** are **different**, it means they belong to same "parent" plan.

APPENDIX F
CALIFORNIA PATIENT DISCHARGE DATA
HOSPITAL LIST
Calendar Year, 2000

FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
STATEWIDE TOTAL		1/1/00	12/31/00	3,816,887			
ALAMEDA COUNTY MEDICAL CENTER	010846	1/1/00	12/31/00	13,166	05	0417	94602
ALAMEDA HOSPITAL	010735	1/1/00	12/31/00	3,966	05	0417	94501
ALHAMBRA HOSPITAL - ALHAMBRA	190017	1/1/00	12/31/00	3,585	11	0913	91802
ALTA BATES MED CTR-ASHBY CAMPUS	010739	1/1/00	12/31/00	26,450	05	0415	94705
ALTA BATES MED CTR=HERRICK CAMPUS	010844	1/1/00	12/31/00	3,680	05	0415	94704
ALTA HOSPITAL DISTRICT	540680	1/1/00	12/31/00	670	09	0608	93618
ALVARADO HOSPITAL MEDICAL CENTER	370652	1/1/00	12/31/00	11,358	14	1418	92120
ALVARADO PARKWAY INSTITUTE B.H.S	370749	1/1/00	12/30/00	1,437	14	1422	91941
AMERICAN RECOVERY CENTER	194010	1/1/00	12/31/00	1,628	11	0917	91768
ANACAPA HOSPITAL	560468	1/3/00	12/30/00	906	10	0811	93041
ANAHEIM GENERAL HOSPITAL	301097	1/1/00	12/31/00	4,202	13	1012	92804
ANAHEIM MEMORIAL MEDICAL CENTER	301098	1/1/00	12/31/00	14,680	13	1012	92801
ANTELOPE VALLEY HOSPITAL MEDICAL CTR	190034	1/1/00	12/31/00	25,092	11	0901	93534
ARROWHEAD REGIONAL MEDICAL CENTER	364231	1/1/00	12/31/00	20,538	12	1209	92324
ARROYO GRANDE COMMUNITY HOSPITAL	400466	1/1/00	12/31/00	3,326	08	0801	93420
AURORA CHARTER OAK	190163	1/1/00	12/31/00	2,828	11	0915	91724
AURORA SAN DIEGO	374024	1/1/00	12/31/00	1,969	14	1412	92128
AVALON MUNICIPAL HOSPITAL & CLINIC	190045	1/3/00	12/31/00	48	11	0933	90704
BAKERSFIELD HEART HOSPITAL	154101	1/1/00	12/31/00	3,055	09	0617	93308
BAKERSFIELD MEMORIAL HOSPITAL	150722	1/1/00	12/31/00	13,710	09	0617	93301
BARLOW HOSPITAL	190052	1/3/00	12/31/00	513	11	0925	90026
BARSTOW COMMUNITY HOSPITAL	361105	1/1/00	12/31/00	3,296	12	1213	92311
BARTON MEMORIAL HOSPITAL	090793	1/1/00	12/31/00	4,679	02	0306	95731
BAY HARBOR HOSPITAL	190057	1/1/00	1/13/00	44	11	0933	90710
BAYVIEW HOSPITAL & MENTAL HEALTH SYSTEM	370775	1/1/00	11/29/00	1,384	14	1420	92011
BEAR VALLEY COMMUNITY HOSPITAL	361110	1/1/00	12/31/00	395	12	1217	92315
BELLFLOWER MEDICAL CENTER	190066	1/1/00	12/31/00	5,593	11	0921	90706
BETTY FORD CENTER OF EISENHOWER, THE	330120	1/1/00	12/30/00	1,068	12	1105	92270
BEVERLY HOSPITAL	190081	1/1/00	12/31/00	13,343	11	0919	90640
BHC ALHAMBRA HOSPITAL	190020	1/1/00	12/31/00	2,220	11	0913	91770
BIGGS-GRIDLEY MEMORIAL HOSPITAL	040802	1/1/00	12/31/00	861	01	0221	95948
BREA COMMUNITY HOSPITAL	301126	1/1/00	12/31/00	2,022	13	1011	92621
BROTMAN MEDICAL CENTER	190110	1/1/00	12/31/00	8,094	11	0927	90231
BUTTE COUNTY MENTAL HEALTH - PHF	044006	1/1/00	12/29/00	1,283	01	0219	95926
CALIFORNIA HOSPITAL MEDICAL CENTER	190125	1/1/00	12/31/00	16,522	11	0925	90015
CALIFORNIA PACIFIC MEDICAL CENTER	380929	1/1/00	12/31/00	35,673	04	0423	94115
CALIFORNIA SPECIALTY HOSPITAL	481015	1/3/00	12/31/00	1,881	03	0409	94590
CANYON RIDGE HOSPITAL	364050	1/1/00	12/31/00	2,564	12	1207	91710
CASA COLINA HOSP FOR REHAB MEDICINE	190137	1/1/00	12/30/00	723	11	0917	91767
CEDAR VISTA HOSPITAL	104008	1/1/00	12/31/00	2,175	09	0605	93720
CEDARS-SINAI MEDICAL CENTER	190555	1/1/00	12/31/00	50,759	11	0925	90048
CENTINELA HOSPITAL MEDICAL CENTER	190148	1/1/00	12/31/00	14,987	11	0929	90301
CENTRAL VALLEY GENERAL HOSPITAL	160787	1/1/00	12/31/00	6,380	09	0615	93230
CENTURY CITY HOSPITAL	190155	1/1/00	12/31/00	4,925	11	0927	90067
CHAPMAN MEDICAL CENTER	301140	1/1/00	12/31/00	2,574	13	1015	92669
CHARTER BHS - CORONA	331225	1/1/00	1/31/00	198	12	1111	91719
CHARTER BHS OF NO CA/SAC	314007	1/2/00	2/7/00	196	02	0309	95678
CHARTER BHS OF SO CA/PALM SPRINGS	334017	1/1/00	2/2/00	120	12	1105	92234

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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
CHILDREN'S COMMUNITY MENTAL HLTH CNTR	190816	1/5/00	6/30/00	471	11	0905	91405
CHILDREN'S HOSPITAL - SAN DIEGO	370673	1/1/00	12/31/00	12,072	14	1416	92123
CHILDREN'S HOSPITAL AT MISSION	304113	1/1/00	12/31/00	1,869	13	1017	92691
CHILDREN'S HOSPITAL MED CTR OF NO CAL	010776	1/1/00	12/31/00	10,704	05	0417	94609
CHILDREN'S HOSPITAL OF LOS ANGELES	190170	1/1/00	12/31/00	11,122	11	0925	90027
CHILDREN'S HOSPITAL OF ORANGE COUNTY	300032	1/1/00	12/31/00	7,781	13	1015	92668
CHILDRENS RECOVERY CTR OF NO CALIF	434051	1/18/00	12/30/00	29	07	0431	95008
CHINESE HOSPITAL	382715	1/1/00	12/31/00	1,863	04	0423	94133
CHINO VALLEY MEDICAL CENTER	361144	1/1/00	12/31/00	7,673	12	1207	91710
CHOWCHILLA DISTRICT MEMORIAL HOSPITAL	200692	1/3/00	12/27/00	88	09	0601	93610
CITRUS VALLEY MEDICAL CENTER-IC CAMPUS	190413	1/1/00	12/31/00	8,973	11	0915	91723
CITRUS VALLEY MEDICAL CENTER-QV CAMPUS	190636	1/1/00	12/31/00	22,284	11	0915	91790
CITY OF ANGELS MEDICAL CENTER	190661	1/4/00	12/31/00	1,211	11	0925	90026
CITY OF ANGELS-INGLESIDE CAMPUS	190410	1/1/00	12/31/00	2,504	11	0913	91770
CITY OF HOPE NATIONAL MEDICAL CENTER	190176	1/1/00	12/31/00	4,299	11	0913	91010
CLOVIS COMMUNITY HOSPITAL	100005	1/1/00	12/31/00	7,959	09	0605	93612
COALINGA REGIONAL MEDICAL CENTER	100697	1/1/00	12/31/00	537	09	0609	93210
COAST PLAZA DOCTORS HOSPITAL	190766	1/1/00	12/31/00	5,125	11	0921	90650
COASTAL COMMUNITIES HOSPITAL	301258	1/1/00	12/31/00	6,154	13	1015	92704
COLLEGE HOSPITAL	190184	1/1/00	12/31/00	5,094	11	0921	90701
COLLEGE HOSPITAL COSTA MESA	301155	1/1/00	12/31/00	4,403	13	1016	92627
COLORADO RIVER MEDICAL CENTER	361458	1/1/00	12/31/00	1,992	12	1215	92363
COLUMBIA LAS ENCINAS HOSPITAL	190462	1/1/00	12/31/00	1,909	11	0911	91107
COLUSA REGIONAL MEDICAL CENTER	060870	1/1/00	12/29/00	1,163	01	0225	95932
COMMUNITY & MISSION HOSPS-HTG PARK	190197	1/1/00	12/31/00	6,780	11	0923	90255
COMMUNITY HOSPITAL OF GARDENA	190196	1/1/00	12/31/00	844	11	0929	90247
COMMUNITY HOSPITAL OF LONG BEACH	190475	1/1/00	9/29/00	6,776	11	0933	90804
COMMUNITY HOSPITAL OF LOS GATOS	430743	1/1/00	12/31/00	6,450	07	0431	95030
COMMUNITY HOSPITAL OF MONTEREY PENINSULA	270744	1/1/00	12/31/00	13,624	08	0707	93940
COMMUNITY HOSPITAL OF SAN BERNARDINO	361323	1/1/00	12/31/00	11,796	12	1209	92411
COMMUNITY MEM HOSP - SAN BUENAVENTURA	560473	1/1/00	12/31/00	16,279	10	0809	93003
CONTINENTAL REHAB HOSPITAL OF SAN DIEGO	374094	1/1/00	12/31/00	1,061	14	1418	92103
CONTRA COSTA REGIONAL MEDICAL CTR	070924	1/1/00	12/31/00	9,360	05	0411	94553
CORCORAN DISTRICT HOSPITAL	160702	1/2/00	12/31/00	1,014	09	0615	93212
CORONA REGIONAL MEDICAL CENTER-MAGNOLIA	331145	1/1/00	12/31/00	10,567	12	1111	91719
CRYSTAL SPRINGS REHABILITATION CENTER	410752	1/1/00	12/30/00	156	04	0427	94402
DAMERON HOSPITAL	390846	1/1/00	12/31/00	13,982	06	0507	95203
DANIEL FREEMAN MARINA HOSPITAL	190500	1/1/00	12/31/00	5,485	11	0927	90291
DANIEL FREEMAN MEMORIAL HOSPITAL	190230	1/1/00	12/31/00	14,054	11	0929	90301
DEL AMO HOSPITAL	190232	1/1/00	12/31/00	2,159	11	0931	90505
DELANO REGIONAL MEDICAL CENTER	150706	1/1/00	12/31/00	4,430	09	0617	93215
DESERT REGIONAL MEDICAL CENTER	331164	1/1/00	12/31/00	16,895	12	1105	92263
DESERT VALLEY HOSPITAL	364144	1/1/00	12/31/00	6,356	12	1211	92392
DOCTORS HOSPITAL OF MANTECA	392287	1/1/00	12/31/00	3,346	06	0507	95336
DOCTORS HOSPITAL OF WEST COVINA	190857	1/2/00	12/31/00	504	11	0915	91790
DOCTORS MEDICAL CENTER	500852	1/1/00	12/31/00	22,291	06	0511	95350
DOCTORS MEDICAL CENTER - PINOLE	073449	1/1/00	12/30/00	1,409	05	0413	94564
DOCTORS MEDICAL CENTER - SAN PABLO	070904	1/1/00	12/31/00	7,871	05	0413	94806
DOCTORS MEDICAL CENTER OF MONTCLAIR	361166	1/1/00	12/31/00	4,670	12	1207	91763

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DOMINICAN SANTA CRUZ HOSPITAL - SOQUEL	440755	1/1/00	12/31/00	13,141	08	0703	95065
DOS PALOS MEMORIAL HOSPITAL	240853	1/2/00	12/4/00	36	06	0517	93620
DOWNEY REGIONAL MEDICAL CENTER	190243	1/1/00	12/31/00	13,464	11	0921	90241
EARL & LORAIN MILLER CHILDRENS HOSP	196168	6/30/00	12/31/00	3,298	11	0933	90806
EAST LOS ANGELES DOCTOR'S HOSPITAL	190256	1/1/00	12/31/00	2,830	11	0925	90023
EASTERN PLUMAS HEALTH CARE	320859	1/1/00	12/31/00	508	01	0217	96122
EDEN MEDICAL CENTER	010805	1/1/00	12/31/00	10,559	05	0421	94546
EDGEMONT HOSPITAL	190260	1/1/00	6/10/00	482	11	0925	90027
EISENHOWER MEDICAL CENTER	331168	1/1/00	12/31/00	16,543	12	1105	92270
EL CAMINO HOSPITAL	430763	1/1/00	12/31/00	21,041	07	0429	94042
EL CENTRO REGIONAL MEDICAL CENTER	130699	1/1/00	12/31/00	7,728	14	1424	92243
EL DORADO COUNTY MENTAL HEALTH-PHF	094002	1/2/00	12/31/00	415	02	0304	95667
EMANUEL MEDICAL CENTER	500867	1/1/00	12/31/00	8,478	06	0516	95380
ENCINO TARZANA RGNL MC - ENCINO	190280	1/1/00	12/31/00	3,262	11	0905	91436
ENCINO TARZANA RGNL MC - TARZANA	190517	1/1/00	12/31/00	16,149	11	0905	91356
ENLOE MEDICAL CENTER-ESPLANADE CAMPUS	040962	1/1/00	12/31/00	16,503	01	0219	95926
FAIRCHILD MEDICAL CENTER	474007	1/1/00	12/31/00	1,719	01	0203	96097
FALLBROOK HOSPITAL DISTRICT	370705	1/1/00	12/31/00	2,753	14	1414	92028
FEATHER RIVER HOSPITAL	040875	1/1/00	12/31/00	4,846	01	0220	95969
FOOTHILL PRESBYTERIAN HOSPITAL	190298	1/1/00	12/31/00	6,254	11	0915	91741
FOUNTAIN VALLEY RGNL HOSP & MC-EUCLID	301175	1/1/00	12/31/00	21,383	13	1014	92708
FRANK R HOWARD MEMORIAL HOSPITAL	230949	1/1/00	12/31/00	892	01	0112	95490
FREMONT HOSPITAL - FREMONT	014034	1/1/00	12/31/00	2,870	05	0421	94538
FREMONT HOSPITAL - YUBA CITY	510882	1/1/00	12/31/00	9,059	02	0227	95991
FRENCH HOSPITAL - SAN LUIS OBISPO	400480	1/1/00	12/31/00	4,561	08	0801	93401
FRESNO COMMUNITY HOSP AND MEDICAL CENTER	100717	1/1/00	12/31/00	23,685	09	0605	93715
FRESNO COUNTY - PHF	104089	1/4/00	12/31/00	641	09	0605	93702
FRESNO SURGERY CENTER	104047	1/4/00	12/31/00	1,890	09	0605	93710
GARDEN GROVE HOSP & MEDICAL CENTER	301283	1/1/00	12/31/00	10,046	13	1012	92643
GARFIELD MEDICAL CENTER	190315	1/1/00	12/31/00	14,993	11	0913	91754
GATEWAYS HOSPITAL AND MENTAL HEALTH CTR	190317	1/4/00	12/28/00	656	11	0925	90026
GENERAL HOSPITAL, THE	120981	1/1/00	12/31/00	2,932	01	0105	95501
GEORGE L. MEE MEMORIAL HOSPITAL	270777	1/1/00	12/31/00	1,762	08	0709	93930
GLENDALE ADVENTIST MEDICAL CENTER	190323	1/1/00	12/31/00	17,058	11	0909	91206
GLENDALE MEMORIAL HOSPITAL & HEALTH CTR	190522	1/1/00	12/31/00	17,194	11	0909	91204
GLENN MEDICAL CENTER	110889	1/1/00	12/31/00	239	01	0223	95988
GOLETA VALLEY COTTAGE HOSPITAL	420483	1/1/00	12/31/00	2,060	10	0807	93111
GOOD SAMARITAN HOSPITAL	190392	1/1/00	12/31/00	18,740	11	0925	90017
GOOD SAMARITAN HOSPITAL	430779	1/1/00	12/31/00	22,506	07	0431	95124
GOOD SAMARITAN HOSPITAL-BAKERSFIELD	150775	1/1/00	12/31/00	1,714	09	0617	93308
GRANADA HILLS COMMUNITY HOSPITAL	190348	1/1/00	12/31/00	5,874	11	0903	91344
GREATER EL MONTE COMMUNITY HOSPITAL	190352	1/1/00	12/31/00	5,887	11	0913	91733
GROSSMONT HOSPITAL	370714	1/1/00	12/31/00	21,203	14	1422	91942
HANFORD COMMUNITY HOSPITAL	160725	1/1/00	12/31/00	3,522	09	0615	93230
HAZEL HAWKINS MEMORIAL HOSPITAL	350784	1/1/00	12/31/00	2,884	08	0701	95023
HEALDSBURG GENERAL HOSPITAL	490964	1/2/00	12/31/00	1,626	03	0401	95448
HEALTHBRIDGE CHILDREN'S REHAB HOSPITAL	304159	3/10/00	12/27/00	31	13	1015	92866
HEALTHSOUTH BAKERSFIELD RGNL REHAB HOSP	154022	1/4/00	12/30/00	1,182	09	0617	93309
HEALTHSOUTH TUSTIN REHAB. HOSPITAL	304079	1/1/00	12/30/00	913	13	1015	92680

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HEBREW HOME FOR THE AGED DISABLED	380842	1/1/00	12/28/00	356	04	0423	94112
HEMET VALLEY MEDICAL CENTER	331194	1/1/00	12/31/00	16,786	12	1109	92343
HENRY MAYO NEWHALL MEMORIAL HOSPITAL	190949	1/1/00	12/31/00	10,772	11	0903	91355
HERITAGE OAKS HOSPITAL	344021	1/3/00	12/31/00	2,268	02	0311	95841
HI-DESERT MEDICAL CENTER	362041	1/1/00	12/31/00	2,731	12	1214	92252
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	301205	1/1/00	12/31/00	28,355	13	1016	92660
HOLLYWOOD COMMUNITY HOSP OF HOLLYWOOD	190380	1/1/00	12/31/00	2,208	11	0925	90028
HOLLYWOOD COMMUNITY HOSP OF VAN NUYS	190814	1/3/00	12/29/00	1,458	11	0905	91401
HUNTINGTON BEACH HOSP & MED CTR	301209	1/1/00	12/31/00	4,157	13	1014	92647
HUNTINGTON EAST VALLEY HOSPITAL	190328	1/1/00	12/31/00	4,221	11	0915	91740
HUNTINGTON MEMORIAL HOSPITAL	190400	1/1/00	12/31/00	26,436	11	0911	91109
INDIAN VALLEY HOSPITAL	320874	1/1/00	12/30/00	293	01	0215	95947
INLAND VALLEY REGIONAL MEDICAL CENTER	334001	4/1/00	12/31/00	6,721	12	1109	92395
IRVINE MEDICAL CENTER	304045	1/1/00	12/31/00	9,325	13	1016	92718
JEROLD PHELPS COMMUNITY HOSPITAL	121031	1/1/00	12/23/00	188	01	0109	95542
JOHN C FREMONT HEALTHCARE DISTRICT	220733	1/1/00	12/31/00	285	09	0603	95338
JOHN F. KENNEDY MEMORIAL HOSPITAL	331216	1/1/00	12/31/00	10,393	12	1103	92201
JOHN MUIR MEDICAL CENTER	070988	1/1/00	12/31/00	18,822	05	0411	94598
KAISER FDN HOSP - ANAHEIM	301132	1/1/00	12/31/00	13,367	13	1011	92807
KAISER FDN HOSP - BELLFLOWER	190430	1/1/00	12/31/00	21,770	11	0921	90706
KAISER FDN HOSP - FONTANA	361223	1/1/00	12/31/00	24,455	12	1209	92335
KAISER FDN HOSP - FRESNO	104062	1/1/00	12/31/00	9,015	09	0605	93720
KAISER FDN HOSP - GEARY (S.F.)	380857	1/1/00	12/31/00	13,593	04	0423	94115
KAISER FDN HOSP - HARBOR CITY	190431	1/1/00	12/31/00	13,544	11	0933	90710
KAISER FDN HOSP - HAYWARD	010858	1/1/00	12/31/00	18,045	05	0421	94545
KAISER FDN HOSP - OAKLAND CAMPUS	010856	1/1/00	12/31/00	11,591	05	0417	94611
KAISER FDN HOSP - PANORAMA CITY	190432	1/1/00	12/31/00	14,093	11	0905	91402
KAISER FDN HOSP - REDWOOD CITY	410804	1/1/00	12/31/00	8,823	04	0428	94063
KAISER FDN HOSP - RICHMOND	070991	1/1/00	12/31/00	2,256	05	0413	94804
KAISER FDN HOSP - RIVERSIDE	334025	1/1/00	12/31/00	15,681	12	1111	92505
KAISER FDN HOSP - SACRAMENTO	340913	1/1/00	12/31/00	21,161	02	0311	95825
KAISER FDN HOSP - SAN DIEGO	370730	1/1/00	12/31/00	30,426	14	1416	92120
KAISER FDN HOSP - SAN RAFAEL	210992	1/1/00	12/31/00	4,693	04	0405	94903
KAISER FDN HOSP - SANTA CLARA	430805	1/1/00	12/31/00	18,972	07	0429	95051
KAISER FDN HOSP - SANTA ROSA	494019	1/1/00	12/31/00	8,090	03	0401	95403
KAISER FDN HOSP - SANTA TERESA COMM HOSP	431506	1/1/00	12/31/00	14,022	07	0431	95119
KAISER FDN HOSP - SOUTH SACRAMENTO	342344	1/1/00	12/31/00	14,199	02	0311	95823
KAISER FDN HOSP - SOUTH SAN FRANCISCO	410806	1/1/00	12/31/00	5,947	04	0425	94080
KAISER FDN HOSP - SUNSET	190429	1/1/00	12/31/00	22,579	11	0925	90027
KAISER FDN HOSP - WALNUT CREEK	070990	1/1/00	12/31/00	21,679	05	0411	94596
KAISER FDN HOSP - WEST LA	190434	1/1/00	12/31/00	12,690	11	0927	90034
KAISER FDN HOSP - WOODLAND HILLS	191450	1/1/00	12/31/00	12,691	11	0905	91367
KAISER FDN HOSP MENTAL HEALTH CENTER	190646	1/2/00	12/31/00	2,442	11	0925	90012
KAISER FDN HOSP REHAB CTR - VALLEJO	480989	1/1/00	12/31/00	17,253	03	0409	94590
KAISER FND HOSP - BALDWIN PARK	196035	1/1/00	12/31/00	13,266	11	0915	91706
KAISER FND HOSP - VALLEY MED CENTER	314024	1/1/00	12/31/00	8,447	02	0309	95661
KAISER PERMANENTE CHEMICAL DEP PROGRAM	364110	1/2/00	12/31/00	644	12	1209	92335
KAWEAH DELTA DISTRICT HOSPITAL	540734	1/1/00	12/31/00	21,867	09	0611	93291
KEDREN COMMUNITY MENTAL HEALTH CENTER	190150	1/3/00	12/30/00	874	11	0935	90011

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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
KENTFIELD REHABILITATION CENTER	210993	1/4/00	12/29/00	431	04	0405	94904
KERN MEDICAL CENTER	150736	1/1/00	12/31/00	15,613	09	0617	93305
KERN VALLEY HEALTHCARE DISTRICT	150737	1/1/00	12/31/00	1,298	09	0619	93240
KINDRED HOSPITAL - SACRAMENTO	344035	1/1/00	12/29/00	223	02	0309	95630
KINDRED HOSPITAL ONTARIO	361274	1/1/00	12/31/00	593	12	1207	91764
KINDRED HOSPITAL WESTMINSTER	301380	1/1/00	12/31/00	617	13	1014	92683
KINDRED HOSPITAL - BREA	301127	1/3/00	12/29/00	368	13	1011	92621
KINGSBURG MEDICAL HOSPITAL	100745	1/1/00	12/31/00	533	09	0607	93631
KNOLLWOOD PSYCH & CHEMICAL DEPEND CTR	331226	1/2/00	12/31/00	1,210	12	1111	92506
LA CASA PSYCHIATRIC HEALTH FACILITY	194981	1/4/00	12/30/00	245	11	0933	90805
LA PALMA INTERCOMMUNITY HOSPITAL	301234	1/1/00	12/31/00	4,929	13	1013	90623
LAC-UCLA OLIVE VIEW MED CENTER	191231	1/1/00	12/31/00	14,732	11	0903	91342
LAC/HARBOR+UCLA MEDICAL CTR	191227	1/1/00	12/31/00	23,464	11	0933	90502
LAC/HIGH DESERT HOSPITAL	191261	1/1/00	12/30/00	1,525	11	0901	93534
LAC/MARTIN LUTHER KING JR/DREW MED CTR	191230	1/1/00	12/31/00	15,569	11	0935	90059
LAC/RANCHO LOS AMIGOS NATIONAL REHAB CTR	191306	1/2/00	12/31/00	3,446	11	0921	90242
LAC/USC MEDICAL CENTER	191228	1/1/00	12/31/00	45,754	11	0925	90033
LAGUNA HONDA HOSPITAL & REHAB CENTER	380865	1/1/00	12/31/00	1,131	04	0423	94116
LAKEWOOD REGIONAL MEDICAL CENTER - SOUTH	190240	1/1/00	12/31/00	9,674	11	0933	90712
LANCASTER COMMUNITY HOSPITAL	190455	1/1/00	12/31/00	5,883	11	0901	93534
LANGLEY PORTER PSYCHIATRIC INSTITUTE	380868	1/1/00	12/29/00	890	04	0423	94143
LASSEN COMMUNITY HOSPITAL	180919	1/1/00	12/31/00	1,369	01	0213	96130
LAUREL GROVE HOSPITAL	010869	1/2/00	12/31/00	607	05	0421	94546
LINCOLN HOSPITAL MEDICAL CENTER	190468	1/1/00	12/31/00	903	11	0925	90033
LINDSAY DISTRICT HOSPITAL	540746	1/1/00	8/30/00	530	09	0613	93247
LITTLE COMPANY OF MARY HOSPITAL	190470	1/1/00	12/31/00	19,239	11	0931	90503
LODI MEMORIAL HOSPITAL	390923	1/1/00	12/31/00	7,927	06	0505	95240
LOMA LINDA UNIV BEHAVIORAL MEDICINE CTR.	364014	1/1/00	12/31/00	3,422	12	1209	92373
LOMA LINDA UNIVERSITY MEDICAL CENTER	361246	1/1/00	12/31/00	33,650	12	1209	92354
LOMPOC HEALTHCARE DISTRICT	420491	1/1/00	12/31/00	3,198	10	0805	93436
LONG BEACH MEMORIAL MEDICAL CENTER	190525	1/1/00	12/31/00	35,460	11	0933	90806
LOS ALAMITOS MEDICAL CENTER	301248	1/1/00	12/31/00	10,547	13	1013	90720
LOS ANGELES COMMUNITY HOSP OF NORWALK	190570	1/2/00	12/31/00	1,762	11	0921	90650
LOS ANGELES COMMUNITY HOSPITAL	190198	1/1/00	12/31/00	5,111	11	0925	90023
LOS ANGELES METROPOLITAN MEDICAL CENTER	190854	1/1/00	12/31/00	8,192	11	0925	90018
LOS ROBLES/HOSPITAL MED CTR	560492	1/1/00	12/31/00	14,212	10	0813	91360
LUCILE S PACKARD CHILDRN HOSP AT STANFORD	434040	1/1/00	12/31/00	15,911	07	0429	94304
MAD RIVER COMMUNITY HOSPITAL	121002	1/1/00	12/31/00	2,164	01	0105	95521
MADERA COMMUNITY HOSPITAL	201281	1/1/00	12/31/00	6,201	09	0601	93637
MAMMOTH HOSPITAL	260011	1/1/00	12/31/00	610	12	1205	93546
MARIAN MEDICAL CENTER	420493	1/1/00	12/31/00	13,937	10	0803	93454
MARIE GREEN PSYCHIATRIC CENTER -PHF	244027	1/3/00	12/31/00	670	06	0515	95340
MARIN GENERAL HOSPITAL	211006	1/1/00	12/31/00	12,357	04	0405	94904
MARK TWAIN ST. JOSEPH'S HOSPITAL	050932	1/1/00	12/31/00	1,779	06	0503	95249
MARSHALL HOSPITAL	090933	1/1/00	12/31/00	6,002	02	0304	95667
MAYERS MEMORIAL HOSPITAL	450936	1/1/00	12/31/00	780	01	0210	96028
MEDICAL CENTER AT THE UCSF	381154	1/1/00	12/31/00	25,964	04	0423	94143
MEMORIAL CENTER	154044	1/1/00	12/29/00	868	09	0617	93309
MEMORIAL HOSPITAL AT EXETER	540755	1/4/00	12/28/00	71	09	0611	93221

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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
MEMORIAL HOSPITAL LOS BANOS	240924	1/1/00	12/31/00	2,416	06	0517	93635
MEMORIAL HOSPITAL MODESTO	500939	1/1/00	12/31/00	19,232	06	0511	95355
MEMORIAL HOSPITAL OF GARDENA	190521	1/1/00	12/31/00	5,334	11	0929	90247
MENDOCINO COAST DISTRICT HOSPITAL	231013	1/1/00	12/31/00	2,070	01	0111	95437
MENDOCINO COUNTY MENTAL HLTH - PHF	234004	1/3/00	12/4/00	415	01	0113	95482
MENIFEE VALLEY MEDICAL CENTER	334018	1/1/00	12/31/00	4,445	12	1109	92585
MENLO PARK SURGICAL HOSPITAL	414018	1/4/00	12/30/00	391	04	0428	94025
MERCY AMERICAN RIVER HOSPITAL	340869	1/1/00	6/29/00	1,092	02	0309	95608
MERCY GENERAL HOSPITAL	340947	1/1/00	12/31/00	19,166	02	0311	95819
MERCY HOSPITAL - BAKERSFIELD	150761	1/1/00	12/31/00	14,311	09	0617	93301
MERCY HOSPITAL - FOLSOM	344029	1/1/00	12/31/00	4,980	02	0309	95630
MERCY HOSPITAL OF MT. SHASTA	470871	1/1/00	12/31/00	1,794	01	0205	96067
MERCY MED. CTR. MERCED-DOMINICAN CAMPUS	240948	1/1/00	12/31/00	6,701	06	0515	95340
MERCY MEDICAL CENTER-REDDING	450949	1/1/00	12/31/00	12,537	01	0209	96001
MERCY SAN JUAN HOSPITAL	340950	1/1/00	12/31/00	17,853	02	0309	95608
MERCY WESTSIDE HOSPITAL	150830	1/2/00	12/30/00	358	09	0625	93268
MERRITT PERALTA INSTITUTE CDRH	013687	1/2/00	12/31/00	506	05	0417	94609
MESA VISTA HOSPITAL	370745	1/1/00	12/31/00	5,007	14	1416	92123
METHODIST HOSPITAL OF SACRAMENTO	340951	1/1/00	12/31/00	9,512	02	0311	95823
METHODIST HOSPITAL OF SOUTHERN CAL	190529	1/1/00	12/31/00	14,726	11	0913	91006
MIDWAY HOSPITAL MEDICAL CENTER	190534	1/1/00	12/31/00	4,793	11	0925	90019
MILLS-PENINSULA MEDICAL CENTER	410852	1/1/00	12/31/00	18,256	04	0427	94010
MISSION BAY HOSPITAL	370746	1/1/00	11/27/00	2,708	14	1416	92109
MISSION COMMUNITY HOSPITAL - PANORAMA	190524	1/1/00	12/31/00	1,718	11	0905	91402
MISSION COMMUNITY HOSPITAL-SAN FERNANDO	190676	1/1/00	12/31/00	2,374	11	0903	91340
MISSION HOSPITAL REGIONAL MEDICAL CENTER	301262	1/1/00	12/31/00	18,332	13	1017	92691
MODESTO REHABILITATION HOSPITAL	500954	1/3/00	12/30/00	980	06	0511	95354
MODOC MEDICAL CENTER	250956	1/2/00	12/30/00	259	01	0201	96101
MONROVIA COMMUNITY HOSPITAL	190541	1/1/00	12/31/00	1,716	11	0913	91016
MONTEREY PARK HOSPITAL	190547	1/1/00	12/31/00	7,059	11	0913	91754
MORENO VALLEY COMMUNITY HOSPITAL	334048	1/1/00	12/31/00	5,033	12	1109	92555
MOTION PICTURE & TELEVISION HOSPITAL	190552	1/2/00	12/31/00	1,074	11	0905	91364
MOUNTAINS COMMUNITY HOSPITAL	361266	1/3/00	12/30/00	721	12	1209	92352
MT DIABLO MEDICAL CENTER	071018	1/1/00	12/31/00	12,586	05	0411	94520
MT DIABLO MEDICAL PAVILION	074039	1/2/00	12/31/00	2,223	05	0411	94520
NATIVIDAD MEDICAL CENTER	274043	1/1/00	12/31/00	10,324	08	0705	93906
NELSON M HOLDERMAN MEMORIAL HOSPITAL	281297	1/1/00	12/30/00	902	03	0407	94599
NEWPORT BAY HOSPITAL	301304	1/5/00	12/31/00	321	13	1016	92663
NORTH BAY MEDICAL CENTER	481357	1/1/00	12/31/00	6,568	03	0408	94533
NORTHERN CALIFORNIA REHABILITATION HOSP	454012	1/1/00	12/30/00	1,321	01	0209	96001
NORTHERN INYO HOSPITAL	141273	1/1/00	12/31/00	1,272	12	1203	93514
NORTHRIDGE HOSPITAL MEDICAL CENTER	190568	1/1/00	12/31/00	16,969	11	0905	91324
NORTHRIDGE HOSPITAL MEDICAL CTR-SHERMAN	190810	1/1/00	12/31/00	10,339	11	0905	91405
NOVATO COMMUNITY HOSPITAL	212637	1/1/00	12/31/00	2,218	04	0405	94947
O'CONNOR HOSPITAL	430837	1/1/00	12/31/00	14,476	07	0431	95128
OAK VALLEY DISTRICT HOSPITAL	500967	1/1/00	12/31/00	2,779	06	0511	95361
OASIS MENTAL HEALTH TREATMENT CTR-PHF	334457	1/2/00	12/30/00	799	12	1103	92201
OJAI VALLEY COMMUNITY HOSPITAL	560501	1/1/00	12/31/00	1,467	10	0809	93023
ORANGE COAST MEMORIAL MEDICAL CENTER	300225	1/1/00	12/31/00	7,677	13	1016	92728

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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HSPA	ZIP Code
ORANGE COUNTY COMM HOSP - BUENA PARK	301242	1/1/00	12/31/00	3,910	13	1013	90620
OROVILLE HOSPITAL	040937	1/1/00	12/31/00	7,130	01	0221	95966
ORTHOPAEDIC HOSPITAL	190581	1/1/00	12/31/00	1,763	11	0925	90007
PACIFIC ALLIANCE MEDICAL CENTER	190307	1/1/00	12/31/00	6,661	11	0925	90012
PACIFIC COAST HOSPITAL	380769	1/3/00	8/18/00	73	04	0423	94115
PACIFIC HOSPITAL OF LONG BEACH	190587	1/1/00	12/31/00	5,952	11	0933	90806
PACIFIC SHORES HOSPITAL	560838	2/24/00	12/28/00	156	10	0811	93030
PACIFICA HOSPITAL OF THE VALLEY	190696	1/1/00	12/31/00	5,793	11	0907	91352
PALM DRIVE HOSPITAL	491338	1/1/00	12/29/00	1,337	03	0401	95472
PALO VERDE HOSPITAL	331288	1/1/00	12/31/00	2,139	12	1101	92225
PALOMAR MEDICAL CENTER	370755	1/1/00	12/31/00	22,804	14	1412	92025
PARADISE VALLEY HOSPITAL	370759	1/1/00	12/31/00	11,166	14	1420	91950
PARKVIEW COMMUNITY HOSPITAL	331293	1/1/00	12/31/00	11,404	12	1111	92503
PATIENT'S HOSPITAL OF REDDING	454013	1/5/00	12/31/00	424	01	0209	96001
PETALUMA VALLEY HOSPITAL	491001	1/1/00	12/31/00	4,537	03	0403	94954
PINE GROVE HOSPITAL	190605	1/1/00	12/29/00	1,873	11	0905	91307
PIONEERS MEMORIAL HOSPITAL	130760	1/1/00	12/31/00	6,168	14	1424	92227
PLACENTIA-LINDA COMMUNITY HOSPITAL	301297	1/1/00	12/31/00	4,251	13	1011	92670
PLUMAS DISTRICT HOSPITAL	320986	1/1/00	12/29/00	647	01	0215	95971
POMERADO HOSPITAL	370977	1/1/00	12/31/00	8,146	14	1412	92064
POMONA VALLEY HOSPITAL MEDICAL CENTER	190630	1/1/00	12/31/00	24,768	11	0917	91767
PRESBYTERIAN INTERCOMMUNITY HOSPITAL	190631	1/1/00	12/31/00	19,040	11	0919	90602
PROVIDENCE HOLY CROSS MEDICAL CENTER	190385	1/1/00	12/31/00	12,932	11	0903	91345
PROVIDENCE SAINT JOSEPH MEDICAL CENTER	190758	1/1/00	12/31/00	21,254	11	0907	91505
QUEEN OF ANGELS-HOLLYWOOD PRESB MED CTR	190382	1/1/00	12/31/00	20,878	11	0925	90027
QUEEN OF THE VALLEY HOSP	281047	1/1/00	12/31/00	8,313	03	0407	94558
RANCHO SPRINGS MEDICAL CENTER	334068	1/1/00	12/31/00	6,121	12	1109	92362
REDBUD COMMUNITY HOSPITAL	171049	1/1/00	12/31/00	1,522	01	0115	95422
REDDING MEDICAL CENTER	450940	1/1/00	12/31/00	8,946	01	0209	96001
REDLANDS COMMUNITY HOSPITAL	361308	1/1/00	12/31/00	13,500	12	1209	92373
REDWOOD MEMORIAL HOSPITAL	121051	1/1/00	12/31/00	2,201	01	0107	95540
REGIONAL MEDICAL CENTER OF SAN JOSE	430705	1/1/00	12/31/00	13,947	07	0431	95116
REHABILITATION INSTITUTE AT SANTA BARBARA	421167	1/3/00	12/29/00	394	10	0807	93110
RIDEOUT MEMORIAL HOSPITAL	580996	1/1/00	12/31/00	6,223	02	0227	95901
RIDGECREST REGIONAL HOSPITAL	150782	1/1/00	12/31/00	3,058	09	0621	93555
RIVERSIDE COMMUNITY HOSPITAL	331312	1/1/00	12/31/00	18,608	12	1111	92501
RIVERSIDE COUNTY REGIONAL MED CTR	334487	1/1/00	12/31/00	15,802	12	1109	92555
ROBERT F. KENNEDY MEDICAL CENTER	190366	1/1/00	12/31/00	7,019	11	0929	90250
S.T.A.R.S. - PHF	014113	1/3/00	12/19/00	152	05	0421	94578
SACRAMENTO MENTAL HLTH TREATMENT CTR-PHF	344011	1/1/00	12/30/00	2,328	02	0311	95817
SADDLEBACK MEMORIAL MEDICAL CENTER	301317	1/1/00	12/31/00	15,280	13	1017	92653
SALINAS VALLEY MEMORIAL HOSPITAL	270875	1/1/00	12/31/00	14,518	08	0705	93901
SAN ANTONIO COMMUNITY HOSPITAL	361318	1/1/00	12/31/00	21,501	12	1207	91786
SAN CLEMENTE HOSPITAL & MED CTR	301325	1/1/00	12/31/00	2,352	13	1017	92672
SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL	374055	1/1/00	12/30/00	1,121	14	1418	92110
SAN DIEGO HOSPICE ACUTE CARE CENTER	374084	1/1/00	12/31/00	1,190	14	1418	92103
SAN DIEGO REHABILITATION INSTITUTE	374063	1/1/00	5/31/00	506	14	1418	92120
SAN DIMAS COMMUNITY HOSPITAL	190673	1/1/00	12/31/00	4,363	11	0917	91773
SAN FRANCISCO GENERAL HOSP MED CTR	380939	1/1/00	12/31/00	18,624	04	0423	94110

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FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPD	ZIP Code
SAN GABRIEL VALLEY MEDICAL CENTER	190200	1/1/00	12/31/00	12,517	11	0913	91776
SAN GORGONIO MEMORIAL HOSPITAL	331326	1/1/00	12/31/00	3,677	12	1107	92220
SAN JOAQUIN COMMUNITY HOSPITAL	150788	1/1/00	12/31/00	11,168	09	0617	93301
SAN JOAQUIN COUNTY MENTAL HEALTH - PHF	394003	1/3/00	12/29/00	1,310	06	0507	95202
SAN JOAQUIN GENERAL HOSPITAL	391010	1/1/00	12/31/00	10,636	06	0507	95231
SAN JOAQUIN VALLEY REHAB HOSPITAL	104023	1/1/00	12/31/00	1,109	09	0605	93720
SAN JOSE MEDICAL CENTER	430879	1/1/00	12/31/00	8,080	07	0431	95112
SAN LEANDRO HOSPITAL	013619	1/1/00	12/31/00	5,808	05	0421	94578
SAN LUIS OBISPO COUNTY MENTAL HEALTH	400512	1/1/00	12/31/00	1,042	08	0801	93408
SAN LUIS OBISPO GENERAL HOSPITAL	400511	1/1/00	12/31/00	1,326	08	0801	93408
SAN MATEO GENERAL HOSPITAL	410782	1/1/00	12/31/00	3,379	04	0427	94403
SAN PEDRO PENINSULA HOSPITAL	190680	1/1/00	12/31/00	9,115	11	0933	90732
SAN RAMON REGIONAL MEDICAL CENTER	074017	1/1/00	12/31/00	5,952	05	0411	94583
SAN RAMON REHABILITATION HOSPITAL	074011	1/3/00	12/31/00	909	05	0411	94583
SAN VICENTE HOSPITAL	190681	1/6/00	12/30/00	177	11	0925	90036
SANGER GENERAL HOSPITAL	100791	1/1/00	12/31/00	950	09	0607	93657
SANTA ANA HOSPITAL MEDICAL CENTER	301314	1/1/00	12/31/00	5,661	13	1012	92706
SANTA BARBARA COTTAGE HOSPITAL	420514	1/1/00	12/31/00	19,699	10	0807	93105
SANTA BARBARA COUNTY - PHF	424002	1/1/00	12/30/00	390	10	0807	93110
SANTA CLARA VALLEY MEDICAL CENTER	430883	1/1/00	12/31/00	23,484	07	0431	95128
SANTA MARTA HOSPITAL	190685	1/1/00	12/31/00	4,280	11	0925	90022
SANTA MONICA - UCLA MEDICAL CENTER	190687	1/1/00	12/31/00	11,503	11	0927	90404
SANTA PAULA MEMORIAL HOSPITAL	560521	1/1/00	12/31/00	1,903	10	0809	93060
SANTA ROSA MEMORIAL - SOTOYOME	490907	1/1/00	9/30/00	1,571	03	0401	95405
SANTA ROSA MEMORIAL HOSPITAL	491064	1/1/00	12/31/00	13,964	03	0401	95402
SANTA TERESITA HOSPITAL	190691	1/1/00	12/31/00	2,281	11	0913	91010
SANTA YNEZ VALLEY COTTAGE HOSPITAL	420522	1/1/00	12/31/00	311	10	0805	93463
SCRIPPS GREEN HOSPITAL	371256	1/1/00	12/31/00	9,449	14	1416	92037
SCRIPPS HOSPITAL - EAST COUNTY	370697	1/1/00	6/2/00	1,256	14	1422	92021
SCRIPPS MEMORIAL HOSPITAL - CHULA VISTA	370658	1/1/00	12/31/00	9,685	14	1420	91910
SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	371394	1/1/00	12/31/00	8,074	14	1416	92024
SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	370771	1/1/00	12/31/00	18,313	14	1416	92037
SCRIPPS MERCY HOSPITAL	370744	1/1/00	12/31/00	22,225	14	1418	92103
SELMA DISTRICT HOSPITAL	100793	1/1/00	12/31/00	2,413	09	0607	93662
SEMPERVIRENS - PHF	124004	1/2/00	12/31/00	695	01	0105	95501
SENECA HOSPITAL	321016	1/1/00	12/31/00	405	01	0215	96020
SEQUOIA HOSPITAL	410891	1/1/00	12/31/00	10,230	04	0428	94062
SETON MEDICAL CENTER	410817	1/1/00	12/31/00	11,385	04	0425	94015
SETON MEDICAL CENTER - COASTSIDE	410828	1/11/00	12/28/00	96	04	0427	94038
SHARP CABRILLO HOSPITAL	370693	1/2/00	12/31/00	1,004	14	1418	92110
SHARP CHULA VISTA MEDICAL CENTER	370875	1/1/00	12/31/00	13,143	14	1420	92010
SHARP CORONADO HOSPITAL & HEALTHCARE CTR	370689	1/1/00	12/31/00	2,797	14	1420	92118
SHARP MARY BIRCH HOSPITAL FOR WOMEN	370695	1/1/00	12/31/00	15,726	14	1416	92123
SHARP MEMORIAL HOSPITAL	370694	1/1/00	12/31/00	16,400	14	1416	92123
SHARP VISTA PACIFICA	374049	1/3/00	12/30/00	238	14	1416	92111
SHASTA CO MENTAL HEALTH SVCS - PHF	451019	1/1/00	12/30/00	883	01	0209	96049
SHERMAN OAKS HOSPITAL & HEALTH CENTER	190708	1/1/00	12/31/00	4,258	11	0905	91403
SHRINERS HOSPITAL - LOS ANGELES	190712	1/1/00	12/31/00	1,805	11	0925	90020
SHRINERS HOSPITAL - NORTHERN CALIF	344114	1/1/00	12/31/00	1,276	02	0311	95817

APPENDIX F
CALIFORNIA PATIENT DISCHARGE DATA
HOSPITAL LIST
Calendar Year, 2000

FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
SIERRA KINGS DISTRICT HOSPITAL	100797	1/1/00	12/31/00	3,036	09	0607	93654
SIERRA NEVADA MEMORIAL HOSPITAL	291023	1/1/00	12/31/00	7,215	02	0301	95945
SIERRA VALLEY DISTRICT HOSPITAL	461024	1/2/00	12/30/00	57	02	0300	96118
SIERRA VIEW DISTRICT HOSPITAL	540798	1/1/00	12/31/00	8,888	09	0613	93257
SIERRA VISTA HOSPITAL	342392	1/3/00	12/31/00	2,610	02	0311	95823
SIERRA VISTA REGIONAL MEDICAL CENTER	400524	1/1/00	12/31/00	7,099	08	0801	93401
SIMI VALLEY HOSP & HLTH SVCS - SYCAMORE	560525	1/1/00	12/31/00	8,015	10	0813	93065
SONOMA VALLEY HOSPITAL	491076	1/1/00	12/31/00	2,523	03	0403	95476
SONORA COMMUNITY HOSPITAL	551034	1/1/00	12/31/00	4,030	06	0513	95370
SOUTH COAST MEDICAL CENTER	301337	1/1/00	12/31/00	4,988	13	1017	92677
SOUTHERN INYO HOSPITAL	141338	1/1/00	12/30/00	77	12	1201	93545
SPECIALTY HOSPITAL OF SOUTHERN CAL	190449	1/1/00	12/31/00	1,824	11	0921	90637
ST. AGNES MEDICAL CENTER	100899	1/1/00	12/31/00	24,924	09	0605	93710
ST. BERNARDINE MEDICAL CENTER	361339	1/1/00	12/31/00	13,489	12	1209	92404
ST. DOMINIC'S HOSPITAL	394009	1/1/00	12/31/00	2,790	06	0507	95336
ST. ELIZABETH COMMUNITY HOSPITAL	521041	1/1/00	12/31/00	4,249	01	0211	96080
ST. FRANCIS MEDICAL CENTER	190754	1/1/00	12/31/00	23,481	11	0923	90262
ST. FRANCIS MEDICAL CTR-SANTA BARBARA	420528	1/1/00	12/31/00	3,726	10	0807	93103
ST. FRANCIS MEMORIAL HOSPITAL	380960	1/1/00	12/31/00	6,544	04	0423	94109
ST. HELENA HOSPITAL & HEALTH CENTER	281078	1/1/00	12/31/00	5,594	03	0407	94576
ST. JOHN'S HOSPITAL AND HEALTH CENTER	190756	1/1/00	12/31/00	13,021	11	0927	90404
ST. JOHN'S PLEASANT VALLEY HOSPITAL	560508	1/1/00	12/31/00	4,337	10	0811	93010
ST. JOHN'S REGIONAL MEDICAL CENTER	560529	1/1/00	12/31/00	13,531	10	0811	93030
ST. JOSEPH HOSPITAL - EUREKA	121080	1/1/00	12/31/00	5,238	01	0105	95501
ST. JOSEPH HOSPITAL - ORANGE	301340	1/1/00	12/31/00	30,147	13	1015	92868
ST. JOSEPH'S BEHAVIORAL HEALTH CENTER	392232	1/1/00	12/31/00	1,410	06	0507	95204
ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	391042	1/1/00	12/31/00	18,378	06	0507	95204
ST. JUDE MEDICAL CENTER	301342	1/1/00	12/31/00	19,126	13	1011	92635
ST. LOUISE REGIONAL HOSPITAL	434138	1/1/00	12/31/00	5,079	07	0433	95020
ST. LUKE MEDICAL CENTER	190759	1/1/00	12/31/00	5,668	11	0911	91109
ST. LUKE'S HOSPITAL	380964	1/1/00	12/31/00	7,761	04	0423	94110
ST. MARY MEDICAL CENTER	190053	1/1/00	12/31/00	14,668	11	0933	90813
ST. MARY REGIONAL MEDICAL CENTER	361343	1/1/00	12/31/00	12,804	12	1211	92307
ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	380965	1/1/00	12/31/00	9,620	04	0423	94117
ST. ROSE HOSPITAL	010967	1/1/00	12/31/00	8,014	05	0421	94545
ST. VINCENT MEDICAL CENTER	190762	1/1/00	12/31/00	9,830	11	0925	90057
STANFORD UNIVERSITY HOSPITAL	430905	1/1/00	12/31/00	20,658	07	0429	94305
STANISLAUS CO MENTAL HEALTH SERVICES	501016	1/1/00	12/31/00	3,288	06	0511	95350
STANISLAUS SURGICAL HOSPITAL	504038	2/6/00	12/31/00	339	06	0511	95355
STAR VIEW ADOLESCENT - PHF	194967	1/3/00	12/29/00	199	11	0931	90505
SUBURBAN MEDICAL CENTER	190599	1/1/00	12/31/00	9,363	11	0921	90723
SUMMIT MEDICAL CENTER	010937	1/1/00	12/31/00	22,367	05	0417	94609
SUN HEALTH ROBERT H BALLARD REHAB HSP	364121	1/1/00	12/29/00	546	12	1209	92411
SURPRISE VALLEY COMMUNITY HOSPITAL	250955	1/3/00	12/26/00	104	01	0201	96104
SUTTER AMADOR HOSPITAL	030786	1/1/00	4/10/00	828	06	0501	95642
SUTTER AMADOR HOSPITAL	034002	5/1/00	12/31/00	1,998	06	0501	95642
SUTTER AUBURN FAITH HOSPITAL	310791	1/1/00	12/31/00	5,880	02	0308	95602
SUTTER CENTER FOR PSYCHIATRY	344017	1/1/00	12/31/00	2,393	02	0311	95826
SUTTER COAST HOSPITAL	084001	1/1/00	12/31/00	3,046	01	0101	95531

APPENDIX F
CALIFORNIA PATIENT DISCHARGE DATA
HOSPITAL LIST
Calendar Year, 2000

FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPA	ZIP Code
SUTTER DAVIS HOSPITAL	574010	1/1/00	12/31/00	3,932	02	0313	95616
SUTTER DELTA MEDICAL CENTER	070934	1/1/00	12/31/00	6,514	05	0411	94509
SUTTER GENERAL HOSPITAL	341051	1/1/00	12/31/00	11,994	02	0311	95816
SUTTER LAKESIDE HOSPITAL	171395	1/1/00	12/31/00	3,067	01	0115	95453
SUTTER MATERNITY & SURGERY CENTER	444012	1/1/00	12/31/00	2,648	08	0703	95065
SUTTER MEDICAL CENTER OF SANTA ROSA	490919	1/1/00	12/31/00	8,875	03	0401	95404
SUTTER MEMORIAL HOSPITAL	341052	1/1/00	12/31/00	19,300	02	0311	95819
SUTTER MERCED MEDICAL CENTER	240942	1/1/00	12/31/00	6,731	06	0515	95340
SUTTER ROSEVILLE MEDICAL CENTER	311000	1/1/00	12/31/00	13,021	02	0309	95661
SUTTER SOLANO MEDICAL CENTER	481094	1/1/00	12/31/00	5,581	03	0409	94590
SUTTER TRACY COMMUNITY HOSPITAL	391056	1/1/00	12/31/00	3,979	06	0509	95376
SUTTER WARRACK HOSPITAL	491103	1/1/00	12/31/00	1,583	03	0401	95405
SUTTER-YUBA - PHF	514001	1/3/00	12/28/00	401	02	0227	95991
TAHOE FOREST HOSPITAL	291053	1/1/00	12/31/00	2,769	02	0302	96160
TARZANA TREATMENT CENTER	190782	1/1/00	12/31/00	2,240	11	0905	91356
TEHACHAPI HOSPITAL	150808	1/1/00	12/30/00	132	09	0623	93561
TELECARE SOLANO - PHF	484028	1/1/00	12/29/00	571	03	0408	94533
TEMPLE COMMUNITY HOSPITAL	190784	1/1/00	12/31/00	2,802	11	0925	90004
THE HEART HOSPITAL, INC.	334481	1/3/00	11/26/00	553	12	1105	92270
THUNDER ROAD CHEMICAL DEPNDCY RCVRY HOSP	010782	1/4/00	12/28/00	311	05	0417	94609
TOM REDGATE MEMORIAL RECOVERY CENTER	191225	1/1/00	12/31/00	1,021	11	0933	90813
TORRANCE MEMORIAL MEDICAL CENTER	190422	1/1/00	12/31/00	27,278	11	0931	90509
TRI-CITY MEDICAL CENTER	370780	1/1/00	12/31/00	20,332	14	1414	92056
TRI-CITY REGIONAL MEDICAL CENTER	190159	1/1/00	12/31/00	2,174	11	0921	90716
TRINITY GENERAL HOSPITAL	531059	1/1/00	12/31/00	803	01	0207	96093
TULARE DISTRICT HOSPITAL	540816	1/1/00	12/31/00	5,197	09	0611	93274
TUOLUMNE GENERAL HOSPITAL	551061	1/1/00	12/31/00	1,708	06	0513	95370
TUSTIN HOSPITAL MEDICAL CENTER	301357	1/1/00	12/31/00	1,439	13	1015	92680
TWIN CITIES COMMUNITY HOSPITAL	400548	1/1/00	12/31/00	5,314	08	0801	93465
UCLA MEDICAL CENTER	190796	1/1/00	12/31/00	29,735	11	0927	90024
UCLA NEUROPSYCHIATRIC HOSPITAL	190930	1/1/00	12/31/00	2,512	11	0927	90024
UCSD/LA JOLLA - THORNTON HOSPITAL	374141	1/1/00	12/31/00	5,143	14	1416	92037
UKIAH VALLEY MEDICAL CENTER-HOSPITAL DR	231396	1/1/00	12/31/00	4,943	01	0113	95482
UNIVERSITY MEDICAL CENTER	100822	1/1/00	12/31/00	12,718	09	0605	93702
UNIVERSITY OF CALIF-SAN DIEGO MED CTR	370782	1/1/00	12/31/00	19,297	14	1418	92103
UNIVERSITY OF CALIFORNIA DAVIS MED CTR	341006	1/1/00	12/31/00	27,030	02	0311	95817
UNIVERSITY OF CALIFORNIA IRVINE MED CTR	301279	1/1/00	12/31/00	15,975	13	1015	92668
USC KENNETH NORRIS JR. CANCER HOSPITAL	191216	1/1/00	12/31/00	2,547	11	0925	90033
USC UNIVERSITY HOSPITAL	194219	1/1/00	12/31/00	7,740	11	0925	90033
VACA VALLEY HOSPITAL	484001	1/1/00	12/31/00	1,812	03	0408	95688
VALLEY CHILDREN'S HSP & GUIDANCE CLINIC	204019	1/1/00	12/31/00	9,725	09	0601	93638
VALLEY MEMORIAL HOSPITAL	010983	1/1/00	12/31/00	8,949	05	0419	94550
VALLEY PLAZA DOCTORS HOSPITAL	332172	1/3/00	12/31/00	928	12	1109	92370
VALLEY PRESBYTERIAN HOSPITAL	190812	1/1/00	12/31/00	15,338	11	0905	91405
VENCOR HOSPITAL - LOS ANGELES	190305	1/3/00	12/30/00	426	11	0929	90056
VENCOR HOSPITAL - SAN DIEGO	370721	1/1/00	12/31/00	570	14	1418	92104
VENCOR HOSPITAL - SAN LEANDRO	010887	1/5/00	12/30/00	390	05	0421	94577
VENTURA COUNTY MEDICAL CENTER	560481	1/1/00	12/31/00	10,376	10	0809	93003
VERDUGO HILLS HOSPITAL	190818	1/1/00	12/31/00	6,339	11	0937	91209

APPENDIX F
CALIFORNIA PATIENT DISCHARGE DATA
HOSPITAL LIST
Calendar Year, 2000

FACILITY NAME	FACILITY NUMBER	FIRST DISCH	LAST DISCH	NUMBER DISCHS	HSA	HFPa	ZIP Code
VICTOR VALLEY COMMUNITY HOSPITAL	361370	1/1/00	12/31/00	7,381	12	1211	92392
VILLA VIEW COMMUNITY HOSPITAL	370787	1/1/00	12/31/00	2,664	14	1418	92105
VISTA DEL MAR HOSPITAL	560203	1/1/00	12/31/00	1,025	10	0809	93001
WALNUT CREEK HOSPITAL	071101	1/1/00	2/16/00	217	05	0411	94598
WASHINGTON HOSPITAL - FREMONT	010987	1/1/00	12/31/00	17,411	05	0421	94538
WATSONVILLE COMMUNITY HOSITAL (NEW)	444013	1/1/00	12/31/00	6,645	08	0711	95076
WEST ANAHEIM MEDICAL CENTER	301379	1/1/00	12/31/00	7,833	13	1012	92804
WEST HILLS HOSPITAL & MEDICAL CENTER	190859	1/1/00	12/31/00	9,857	11	0905	91307
WESTERN MEDICAL CENTER-ANAHEIM	301188	1/1/00	12/31/00	9,559	13	1012	92805
WESTERN MEDICAL CENTER-SANTA ANA	301566	1/1/00	12/31/00	14,482	13	1015	92705
WHITE MEMORIAL MEDICAL CENTER	190878	1/1/00	12/31/00	16,631	11	0925	90033
WHITTIER HOSPITAL MEDICAL CENTER	190883	1/1/00	12/31/00	12,267	11	0919	90605
WOODLAND MEMORIAL HOSPITAL	571086	1/1/00	12/31/00	4,752	02	0313	95695

Page 1 of 2

For use with discharges on 1/1/99 and after

1. TYPE OF CARE

- 1a. HOSPITAL NUMBER

17. ABSTRACT RECORD NUMBER (Optional)2. DATE OF BIRTH

20. PATIENT'S SOCIAL SECURITY NUMBER

3. SEX

4. RACE:

ETHNICITY

- RACE

5. ZIP CODE

6. ADMISSION DATE9. DISCHARGE DATE

16. TOTAL CHARGES

7. SOURCE OF ADMISSION:

SITE

- ## LICENSURE OF SITE

- ROUTE

8. TYPE OF ADMISSION

- 15. EXPECTED SOURCE OF PAYMENT:**

PAYER CATEGORY

- TYPE OF COVERAGE

- NAME OF PLAN

(0001 - 9999 Plan Code Number)

14. DISPOSITION OF PATIENT:

- ## 21. PREHOSPITAL CARE AND RESUSCITATION

E - CODES:

18. PRINCIPAL

E				
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APPENDIX H
CONSOLIDATED HOSPITAL LICENSES

OSHDP
Revised 8/27/01

Consol. #	Par/ Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HFP #	Consol. Date	Unconsol. Date	Comments Field
001 001	19 01	Alta Bates Hospital - Ashby Alta Bates Hospital at Albany	Alta Bates Hospital Albany Hospital	010739 013636	Berkeley Berkeley	0415 0415	7/12/84 7/12/84	12/1/86 12/1/86	
002 002	19 01	Cedars Sinai Medical Center Beverly Hills Hospital		190555 N/A	Los Angeles Los Angeles	0925 0927	10/5/84 10/5/84	12/31/86 12/31/86	Per L&C, "Satellite became a parking lot prior to, or around consolidation date."
003 003	19 01	Lakewood Rgnl Med Ctr - South St. Lakewood Rgnl Med Ctr - Clark Ave.	Drs. Hospital of Lakewood Lakewood General Hospital	190240 190453	Lakewood Lakewood	0933 0933	9/14/84 9/14/84		Suspense - 2/29/96
004 004	19 01	Kaiser Foundation Hosp - Bellflower Kaiser Foundation Hosp - Norwalk	Kaiser Foundation Hospital Kaiser Foundation Hospital	190430 190428	Bellflower Norwalk	0921 0921	5/17/84 5/17/84		
005 005	19 01	Kaiser Foundation Hosp - San Diego Kaiser Foundation Hosp - El Cajon	Kaiser Foundation Hospital Kaiser Foundation Hospital	370730 370716	San Diego El Cajon	1416 1422	4/9/84 4/9/84		
006 006	19 01	Memorial Hosp Med Center - Modesto Memorial Hospital Med Center - Ceres	Memorial Hospital - Modesto Memorial Hospital - Ceres	500939 500938	Modesto Ceres	0511 0511	9/1/84 9/1/84	5/1/95 5/1/95	De-Licensed 5/1/95.
007 007	19 01	Mission Bay Memorial Hospital AMI Mission Bay Mem Hosp - Montezu	AMI Mission Bay Memorial Hosp College Park Hospital	370746 370683	San Diego San Diego	1416 1418	8/1/84 8/1/84	7/1/86 7/1/86	De-Lcnsd 7/11/86; Re-Lcnsd as CDRH 2/26/88
008 008	19 01	O'Connor Hospital O'Connor Hospital at Campbell		430837 431722	San Jose Campbell	0431 0431	8/15/84 8/15/84	1/31/92 1/31/92	De-Licensed 1/31/92.
009 009	19 01	Merritt Hospital Samuel Merritt Hospital - North	Samuel Merritt Hospital Calif Surg Ctr & Women's Hospital	010937 010782	Oakland Oakland	0417 0417	7/1/84 7/1/84	1/4/87 1/4/87	Re-Licensed as Thunder Road CDR 1/5/87.
010 010	19 01	Santa Rosa Memorial Hospital - Montg Santa Rosa Memorial Hospital - A St.	Santa Rosa Memorial Hospital Santa Rosa General Hospital	491064 491012	Santa Rosa Santa Rosa	0401 0401	7/20/84 7/20/84	6/30/87 6/30/87	
011 011 011	19 01 02	Sonora Community Hospital - Forest Sonora Comm Hospital - Fairview Sonora Community Hospital	Sonora Hospital Sierra Hospital Sonora Convalescent Hospital	551034 552209 551035	Sonora Sonora Sonora	0513 0513 0513	8/1/84 8/1/84 12/16/86		Formerly Par/Sat # 39 until 6/25/93. LTC converted to parent D.P. 6/25/93.
012 012	19 01	Tri-City Hospital Tri-City Hospital - West		370780 370753	Oceanview Oceanview	1414 1414	8/1/84 8/1/84	8/1/93 8/1/93	De-Licensed 8/1/93.
013 013	19 01	Kaiser Found Hospital - Harbor City Kaiser Found Hospital - Carson	Kaiser Foundation Hospital Kaiser Foundation Hospital	190431 190135	Harbor City Carson	0933 0933	3/4/85 3/4/85		
014 014	19 01	Presbyterian Hosp of Pacific Med Ctr Garden Sullivan Hosp of Pac Med Ctr	"Mills Mem" (Church of St...) Hosp Garden Sullivan Hospital	380929 382684	San Francisco San Francisco	0423 0423	6/23/85 6/23/85	6/16/94 6/16/94	Re-consolidated as consol. # 076. Re-consolidated as consol. # 076.
015 015	19 01	Channel Islands Comm Hosp - Hobson Channel Islands Comm Hosp - Ventura	Oxnard Community Hospital Channel Islands Horizon Hospital	560502 560838	Oxnard Oxnard	0811 0811	6/1/85 6/1/85	1/13/89 1/13/89	
016 016	19 01	Kaiser Foundation Hospital - Sunset Kaiser Foundation Hosp - Inglewood	Kaiser Foundation Hospital Kaiser Foundation Hospital	190429 190433	Los Angeles Inglewood	0925 0925	4/19/84 4/19/84	5/14/91 5/14/91	
017 017	19 01	Glendale Advent Med Ctr - Wilson Terr. Glendale Adventist Med Ctr - Chevy Ch	Glendale Adventist Medical Center Glendale Community Hospital	190323 190326	Glendale Glendale	0909 0909	6/6/85 6/6/85	5/31/90 5/31/90	
018 018	19 01	Beverly Hills Medical Center Beverly Hills Medical Center - Pico	Los Angeles New Hospital Beverly Glen Hospital	190488 190078	Los Angeles Los Angeles	0927 0927	1/1/85 1/1/85	3/26/90 3/26/90	De-Licensed 3/26/90.

Par/Sat # Parent Locations: Satellite Locations:
(Codes): 19 - Acute Consol, Only Sequentially Numbered; 01 - 09
 29 - LTC Consol, Only
 39 - Acute and LTC Consol

APPENDIX H
CONSOLIDATED HOSPITAL LICENSES

OSHPD
Revised 8/27/01

Consol. #	Par/Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HFA #	Consol. Date	Unconsol. Date	Comments Field
019 019	19 01	San Mateo General Hospital Crystal Springs Rehabilitation Center	Harold D. Chope Community Hosp	410782 410752	San Mateo San Mateo	0427 0427	1/7/86 1/7/86		
020 020	19 01	Santa Barbara Cottage Hospital Santa Barbara Cottage Care Center	Pinecrest Hospital	420514 420506	Santa Barbara Santa Barbara	0807 0807	4/8/86 4/8/86		
021 021	19 01	Antelope Valley Hosp Med Ctr - West Antelope Valley Hosp M.C. - Palmdale	Antelope Valley District Hospital Not Available	190034 Pending	Los Angeles Los Angeles	0901 0901	11/24/86 11/24/86		Possibly via CON & never occurred.
022 022	19 01	Community Hosp Monterey Peninsula Community Hosp Recovery Center	Community Hosp of the Mont Pen Recovery Center Mont Peninsula	270744 271118	Monterey Monterey	0707 0707	1/1/87 1/1/87	12/1/93 12/1/93	De-Licensed 12/1/93.
023 023	29 01	Sutter General Hospital Sutter Oaks Nursing Ctr - Midtown	Park Sutter Convalescent Hospital	341051 341119	Sacramento Sacramento	0311 0311	11/1/86 11/1/86	3/1/96 3/1/96	Re-consolidated as consol. # 115. 3/1/96 = Sutter Oaks Nrsng Ctr-Midtown.
024 024	19 01	Simi Valley Hosp & Health Care Svcs Simi Val Hosp Inc DBA Mountain View	Simi Valley Adventist Hospital Simi Valley Community Hosp Inc.	560525 560526	Simi Valley Simi Valley	0813 0813	2/16/87 2/16/87		
025 025	29 01	Children's Hospital - San Diego Children's Convalescent Hospital		370673 370777	San Diego San Diego	1416 1416	12/1/86 12/1/86		
026 026	19 01	Nu-Med Rgnl Med Ctr - West Valley Nu-Med Rgnl Med Ctr - Valley Park	West Park Hospital Valley Park Medical Center	190860 190605	Canoga Park Canoga Park	0905 0905	7/22/86 7/22/86	1/26/89 1/26/89	
027 027	19 01	Riverside Community Hosp Med Ctr Riverside Comm Hosp Knollwood Ctr	Knollwood Community Hospital	331312 331226	Riverside Riverside	1111 1111	12/1/86 12/1/86	12/18/92 12/18/92	
028 028	19 01	Doctors Medical Center Modesto City Hospital	Doctors Hospital of Modesto	500852 500954	Modesto Modesto	0511 0511	2/1/87 2/1/87	11/18/92 11/18/92	Re-consolidated as consol. # 069.
029 029	29 01	San Diego Co. Psychiatric Hospital Edgemoor Geriatric Hospital	San Diego Co. Hillcrest Mntl Hlth	374055 370696	San Diego Santee	1418 1422	3/30/88 3/30/88		Replaced SD Co Hillcrest M. H. 7/25/89.
030 030 030	19	Sharp Memorial Hospital Sharp Knollwood Sharp Cabrillo Hospital	Donald N. Sharp Memorial Comm Knollwood West Conv. Hospital Cabrillo Med Ctr & Doctors Hosp	370694 370733 370693	San Diego San Diego San Diego	1416 1416 1418	2/5/87 2/5/87 2/1/96	8/20/87	Formerly Par/Sat # 39 until 3/11/87 when LTC converted to parent D.P. Effective 3/27/98, 150 psych beds from Mesa Vista added as D.P. Psych
031 031	29 01	Oak Valley District Hospital Oak Valley Care Center	Oakdale Convalescent Hospital	500967 501352	Oakdale Oakdale	0511 0511	7/31/87 7/31/87	7/1/93 7/1/93	LTC converted to parent D.P. 7/1/93.
032 032	29 01	Mercy General Hospital Mercycare	Mercy Hospital of Sacramento Hillhaven Convalescent Hospital	340947 340901	Sacramento Sacramento	0311 0311	10/4/87 10/4/87	4/1/94 4/1/94	
033 033	29 01	Little Company of Mary Hospital Little Company of Mary Pavilion		190470 190702	Torrance Torrance	0931 0931	3/17/87 3/17/87	4/1/94 4/1/94	
034 034	29 01	Corona Community Hospital Corona Community Care Center		331152 330223	Corona Corona	1111 1111	12/8/87 12/8/87	10/27/92 10/27/92	CHON; 10/27/92 Life Care Ctr of Corona.
035 035	29 01	Kaiser Foundation Hospital - Fontana Kaiser Foundation Hospital - SNF	Kaiser Foundation Hospital	361223 N/A	Fontana Fontana	1209 1209	10/28/79 10/28/79	date unknown	Unconsolidated; date unknown.
036 036	29 01	Providence St. Joseph Medical Center Esther Parisean Pavilion - Rehab Care	St. Joseph Medical Center Medical Plaza Extended Care Fac	190758 190519	Burbank Burbank	0907 0907	9/4/81 9/4/81	date unknown	Sat. clsd (earthquake); parent GAC beds converted to SNF on par. license 9/19/94.

Par/Sat # Parent Locations: Satellite Locations:
(Codes): 19 - Acute Consol, Only Sequentially Numbered; 01 - 09
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 39 - Acute and LTC Consol

APPENDIX H
CONSOLIDATED HOSPITAL LICENSES

OSHDP
Revised 8/27/01

Consol. #	Par/ Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HFA #	Consol. Date	Unconsol. Date	Comments Field
037	29	San Pedro Peninsula Hospital	San Pedro & Peninsula Hospital	190680	San Pedro	0933	11/15/82	12/1/93	
037	01	Peninsula Hospital	Harbor Crest Pavilion	190362	San Pedro	0933	11/15/82	12/1/93	Date of unconsolidation approximate.
038	29	Long Beach Memorial Medical Center	Mem Hosp Med Ctr of Long Beach	190525	Long Beach	0933	12/31/82	8/23/84	
038	01	Coastview Convalescent Hospital		190701	Long Beach	0933	12/31/82	8/23/84	LTC converted to parent D.P. 8/23/84.
039	29	Emanuel Medical Center		500867	Turlock	0516	7/25/83	2/22/93	
039	01	Brandel Manor		500806	Turlock	0516	7/25/83	2/22/93	LTC converted to parent D.P. 2/22/93.
040	29	Ojai Valley Community Hospital		560501	Ojai	0809	12/13/83	6/30/93	
040	01	Ojai Manor Convalescent Hospital		560500	Ojai	0809	12/13/83	6/30/93	Date of unconsolidation approximate.
041	19	Lompoc District Hospital		420491	Lompoc	0805	5/9/85	6/25/85	
041	01	Lompoc Hospital Dist Conv Care Ctr		420552	Lompoc	0805	5/9/85	6/25/85	LTC converted to parent D.P. 6/25/85.
042	29	Hazel Hawkins Memorial Hospital		350784	Hollister	0701	6/27/85		
042	01	Hazel Hawkins Convalescent Hospital		350783	Hollister	0701	6/27/85		
043	29	Palomar Medical Center		370755	Escondido	1412	11/22/85		
043	01	Palomar Continuing Care Center	Parkway Terrace ICF	371696	Escondido	1412	11/22/85		
044	29	Santa Clara Valley Medical Center		430883	San Jose	0431	2/12/86	6/23/86	
044	01	East Valley Pavilion	El Dorado Guidance Center	431533	San Jose	0431	2/12/86	6/23/86	LTC converted to parent D.P. 6/23/86.
045	19	Ukiah Valley Medical Center - Hospital	Ukiah Adventist Hospital	231396	Ukiah	0113	8/8/88		
045	01	Ukiah Valley Medical Center - Dora St.	Ukiah General Hospital	231339	Ukiah	0113	8/8/88		
046	19	California Campus Hospital	Children's Hosp of San Francisco	380777	San Francisco	0423	6/9/88	6/16/94	Re-consolidated as consol. # 076
046	01	California Campus Hospital	Marshal Hale Memorial Hospital	380826	San Francisco	0423	6/9/88	6/16/94	Re-consolidated as consol. # 076
047	29	Los Medanos Community Hospital		073638	Pittsburg	0411	11/1/88	4/28/94	De-Licensed 4/28/94.
047	01	Regency Hills Convalescent Hospital		074002	Pittsburg	0411	11/1/88	4/28/94	
048	19	Kaiser Foundation Hospital - Geary	Kaiser Foundation Hospital	380857	San Francisco	0423	6/30/89		
048	01	Kaiser Foundation Hospital - French	French Hospital	380816	San Francisco	0423	6/30/89		
049	19	Summit Medical Ctr - North Pavilion	Samuel Merritt Hospital	010937	Oakland	0417	9/1/89		
049	01	Summit Medical Ctr - South Pavilion	Peralta Hospital	010919	Oakland	0417	9/1/89		
050	19	Alta Bates Medical Center - Ashby	Alta Bates Hospital	010739	Berkeley	0415	10/1/89		
050	01	Alta Bates Medical Center - Herrick	Herrick Hospital & Health Center	010844	Berkeley	0415	10/1/89		
051	19	Dominican Santa Cruz Hosp - Soquel		440755	Santa Cruz	0703	3/8/90		
051	01	Domin. Santa Cruz Hosp - Frederick	Community Hosp of Santa Cruz	441807	Santa Cruz	0703	3/8/90		
052	19	Good Samaritan of Santa Clara Valley		430779	San Jose	0431	4/26/90		
052	01	Good Sam of S. C. Val - Mission Oaks	Mission Oaks Hospital	430915	Los Gatos	0431	4/26/90		
052	02	Good Samaritan Hosp Chem Dep Rec	Bowling Green Chem Dep Institute	431899	Campbell	0431	11/10/92		
053	19	AMI Tarzana Regional Medical Center		190517	Tarzana	0905	10/31/89	Late '90	
053	01	Rancho Encino Hospital	Medical Center of Encino	190862	Encino	0905	10/31/89	Late '90	De-Licensed late 1990.
054	19	Santa Ana Hospital Medical Center		301314	Santa Ana	1012	6/19/90	8/26/96	
054	01	Doctors Hospital of Santa Ana		301167	Santa Ana	1012	6/19/90	8/26/96	

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APPENDIX H
CONSOLIDATED HOSPITAL LICENSES

OSHDP
Revised 8/27/01

Consol. #	Par/ Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HFPA #	Consol. Date	Unconsol. Date	Comments Field
055	29	Modoc Medical Center		250956	Alturas	0201	6/28/90	6/28/90	
055	01	Care West - Warner Mtn Nursing Ctr.		252219	Alturas	0201	6/28/90	6/28/90	Error - were never consolidated.
056	19	Lodi Memorial Hospital		390923	Lodi	0505	9/5/90		
056	01	Lodi Memorial Hospital - West	Doctor's Hospital of Lodi	390922	Lodi	0505	9/5/90		
057	19	Doctors Hospital of Montclair		361166	Montclair	1207	5/31/90	8/1/94	
057	01	Doctors Hosp of Montclair - Ontario	Ontario Community Hospital	361274	Ontario	1207	5/31/90	8/1/94	
058	19	Bay Harbor Hospital		190057	Harbor City	0933	2/1/91		
058	02	Bay Harbor Hospital West	Bay Harbor Rehabilitation Center	190788	Torrance	0931	2/1/91		
059	19	Comm & Miss Hosp of Huntington Park	Community Hosp of Huntington Pk.	190197	Huntington Park	0923	8/30/91		
059	01	Mission Hospital of Huntington Park	Mission Hospital	190538	Huntington Park	0923	8/30/91		
060	19	Alvarado Parkway Institute	Alvarado Community Hosp - East	370749	La Mesa	1422	9/12/91	9/12/91	Sold to Charter 6/30/94.
060	01	Alvarado Pkwy Inst Child & Adoles.		374048	San Diego	1418	9/12/91	9/12/91	Error - were never consolidated.
061	19	Valley Memorial Hospital - Livermore		010983	Livermore	0419	12/9/91		
061	01	Valleycare Medical Center		014050	Pleasanton	0419	12/9/91		
062	19	Orange Co. Comm Hosp - Buena Park	Buena Park Community Hospital	301242	Buena Park	1013	11/6/91		
062	01	Orange Co. Comm Hospital - Orange	Care Unit Hospital of Orange	301121	Orange	1015	11/6/91	1/28/97	Site Unconsolidated & Closed
062	02	Bellwood General Hospital		190069	Bellflower	0921	6/17/96		Became Satellite # 01 on 1/28/97
063	19	Hollywood Comm Hosp of Hollywood	Hollywood Community Hospital	190380	Hollywood	0925	1/1/92		
063	01	Hollywood Comm Hosp of Van Nuys	Van Nuys Community Hospital	190814	Van Nuys	0905	1/1/92		
064	29	Brookside Hospital		070904	San Pablo	0413	6/1/92	6/1/95	
064	01	Brookside Care Center	Creekside Care Center	070932	San Pablo	0413	6/1/92	6/1/95	LTC converted to parent D.P. 6/1/95.
065	19	Mercy San Juan Hospital		340950	Carmichael	0309	5/31/92		
065	01	Mercy American River Hospital	American River Hospital	340869	Carmichael	0309	5/31/92		
066	29	Eden Medical Center	Eden Hospital Medical Center	010805	Castro Valley	0421	4/15/91	9/1/93	
066	01	Baywood Court Dist Part of Eden Hosp	Baywood Court Conv Hospital	N/A	Castro Valley	0421	4/15/91	9/1/93	Date of unconsolidation approximate.
067	19	Corona Regional Medical Center	Corona Community Hospital	331145	Corona	1111	10/27/92		Effective 10/27/94 parent and satellite
067	01	Corona Regional Medical Center	Circle City Hospital	331152	Corona	1111	10/27/92		switched. Satellite 01 was former parent.
067	02	Corona Regional Medical Center	Corona Comm - So. Hills Pavilion	330223	Corona	1111	10/27/92	7/15/93	Became Life Care Ctr of Corona 7/15/93.
068	19	Medical Ctr at the Univ of Ca San Fran.		381154	San Francisco	0423	9/14/92	11/197	
068	01	Langley Porter Psychiatric Institute		380868	San Francisco	0423	9/14/92	11/197	
069	19	Doctors Medical Center	Doctors Hospital of Modesto	500852	Modesto	0511	5/28/93	4/29/94	Earlier consolidation, see consol. # 028.
069	01	Modesto Psychiatric Center		504001	Modesto	0511	5/28/93	4/29/94	Re-consolidated as consol. # 075.
070	19	Fountain Valley Reg Hosp MC - Euclid	Fountain Valley Community Hosp	301175	Fountain Valley	1014	5/25/93		
070	01	Fountain Valley Reg Hosp MC - Warner	Charter Hosp of Fountain Valley	304039	Fountain Valley	1014	5/25/93		
071	19	Alameda Co. MC - Highland Campus	Highland General Hospital	010846	Oakland	0417	7/1/93		
071	01	Alameda Co. MC - Fairmont Campus	Fairmont Hospital	010811	San Leandro	0421	7/1/93		

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APPENDIX H
CONSOLIDATED HOSPITAL LICENSES

OSHPD
Revised 8/27/01

Consol. #	Par/Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HFA #	Consol. Date	Unconsol. Date	Comments Field
072	19	UCSD/San Diego Univ Medical Ctr	University of California Medical Ctr	370782	San Diego	1418	7/20/93		
072	01	UCSD/La Jolla Thornton Hospital		374141	La Jolla	1416	7/20/93		New facility.
073	19	Downey Community Hospital		190243	Downey	0921	6/30/93		
073	01	Rio Hondo Hospital		190651	Downey	0921	6/30/93		
074	19	Loma Linda University Medical Center		361246	Loma Linda	1209	1/1/94		
074	01	Loma Linda University Comm Med Ctr	Loma Linda Community Hospital	361245	Loma Linda	1209	1/1/94		
075	19	Stanislaus Medical Center	Scenic General Hospital	501015	Modesto	0511	4/30/94		
075	01	Stanislaus Behavioral Health Center	Modesto Psychiatric Center	504001	Modesto	0511	4/30/94		Earlier consolidation, see consol. # 069.
076	19	Calif Pacific Med Ctr - Pacific Campus	Pacific Presbyterian	380929	San Francisco	0423	6/16/94	9/21/96	Earlier consolidation, see consol. # 014.
076	0	Calif Pacific Med Ctr - Garden Campus	Garden Sullivan (Garden Campus)	382684	San Francisco	0423	6/16/94		Earlier consol., see consol. # 014. Closed 9/21/96
076	01	Calif Pacific Med Ctr - West Campus	Marshall Hale (Sacto Campus)	380826	San Francisco	0423	6/16/94		Earlier consolidation, see consol. # 046.
076	02	Calif Pacific Med Ctr - East Campus	Children's Hosp. of S. F. (Calif. Campus)	380777	San Francisco	0423	6/16/94		Earlier consolidation, see consol. # 046.
076	03	Calif Pacific Med Ctr - Davies Campus	Ralph K. Davies Medical Center	380933	San Francisco	0423	7/30/98		
077	29	Fallbrook Hospital District		370705	Fallbrook	1414	9/1/94		
077	01	Fallbrook Hospital District SNF	Fallbrook Convalescent Hospital	370704	Fallbrook	1414	9/1/94		
078	19	Los Angeles Community Hospital		190198	Los Angeles	0925	8/1/94		
078	01	Los Angeles Comm Hosp of Norwalk	Norwalk Community Hospital	190570	Norwalk	0921	8/1/94		
079	19	Mission Comm Hosp - Panorama		190524	Panorama City	0905	6/22/94		
079	01	Mission Comm Hosp - San Fernando	San Fernando Community Hospital	190676	San Fernando	0903	6/22/94		
080	19	Kaiser Foundation Hospital - Sunset		190429	Los Angeles	0925	7/27/94		
080	01	Kaiser Found Hosp Mental Health Ctr	Resthaven Psychiatric Hospital	190646	Los Angeles	0925	7/27/94		
081	19	North Coast Rehab Center - Sotoyome	North Coast Rehabilitation Center	490907	Santa Rosa	0401	9/20/94		
081	01	North Coast Rehab Center - Fulton	No. Coast Rehab Ctr Acute Psych	494048	Santa Rosa	0401	9/20/94		
082	19	USC University Hospital		194219	Los Angeles	0925	2/24/94		Error - Changed incorrect consolidation date of 8/30/95 to 2/24/94.
082	01	USC University Hospital - Norfolk	Estelle Doheny Eye Hospital	191389	Los Angeles	0925	2/24/94		
095	19	Kaweah Delta District Hospital		540734	Visalia	0611	2/1/96		
095	01	Visalia Community Hospital		540827	Visalia	0611	2/1/96		
101	19	Kaiser Foundation Hospital - Oakland	Kaiser Foundation Hospital	010856	Oakland	0417	9/7/95		
101	01	Kaiser Foundation Hospital - Richmond	Kaiser Foundation Hospital	070991	Richmond	0413	9/7/95		
115	19	Sutter General Hospital		341051	Sacramento	0311	3/1/96		Earlier consolidation, see consol. # 023.
115	01	Sutter Memorial Hospital		341052	Sacramento	0311	3/1/96		
142	19	Anaheim General Hospital		301097	Anaheim	1012	6/12/96		
142	01	Buena Park Medical Center		301109	Buena Park	1011	6/12/96		
161	19	Kaiser Found Hosp - Walnut Creek	Kaiser Foundation Hospital	070990	Walnut Creek	0411	7/1/96		
161	01	Kaiser Found Hosp - Martinez	Kaiser Foundation Hospital	071010	Martinez	0411	7/1/96		
164	19	Kaiser Found Hosp - Sacto (Morse)	Kaiser Foundation Hosp - Sacto	340913	Sacramento	0311	7/24/96		
164	01	Kaiser Found Hosp - Valley Med Ctr	Kaiser Foundatn Hosp - Roseville	314024	Roseville	0309	7/24/96		

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APPENDIX H
CONSOLIDATED HOSPITAL LICENSES

OSHDP
Revised 8/27/01

Consol. #	Par/ Sat #	Parent/Satellite Name	Former Name	6-Digit I.D. #	City	HFA #	Consol. Date	Unconsol. Date	Comments Field
176	19	Bakersfield Memorial Hosp - 34th St	Bakersfield Memorial Hospital	150722	Bakersfield	0617	11/1/97		
176	01	Bakersfield Memorial Hosp - White Ln	Memorial Center	154044	Bakersfield	0617	11/1/97		
179	19	Specialty Hosp of So Calif - La Mirada	Medical Center of La Mirada	190449	La Mirada	0921	10/7/97		
179	01	Specialty Hosp of So Calif - Orange Co	Doctor's Hospital of Santa Ana	301167	Santa Ana	1012	10/7/97		
179	02	Specialty Hosp of So Cal-San Gabriel Valley	Covina Valley Community Hospital	190458	West Covina	0915	10/7/97		
181	19	Fremont Medical Center	Fremont Hospital	510882	Yuba City	0227	6/1/98		
181	01	Femont Hospital & Behavioral Center	None - New facility on 6/1/98	514020	Yuba City	0227	6/1/98		
182	19	Enloe Medical Center - Esplanade Campus	N.T. Enloe Memorial Hospital	040962	Chico	0219	6/30/98		
182	01	Enloe Medical Center - Cohasset Campus	Chico Community Hospital	040828	Chico	0219	6/30/98		
182	02	Enloe Rehabilitation Center	Chico Community Rehabilitation Hospital	044011	Chico	0219	6/30/98		
186	19	Los Robles Regional Med Center	Columbia Los Robles Hosp/Med Center	560492	Thousand Oaks	0813	12/16/97		
186	01	Los Robles Regional Med Center - East	Charter BHS - Thousand Oaks	564018	Thousand Oaks	0813	12/16/97		
194	19	Fresno Community Hosp & Med Center	Fresno Community Hospital	100717	Fresno	0605	4/15/99		
194	01	University Medical Center	Valley Medical Center of Fresno	100822	Fesno	0605	4/15/99		
195	19	Saint Louise Regional Hospital	St. Louise Medical Center	434020	Morgan Hill	0433	09/30/99		
195	01	St. Louise Regional Hosp (Gilroy Campus)	South Valley Medical Center	434016	Gilroy	0433	09/30/99		
196	19	Anaheim Memorial Medical Center		301098	Anaheim	1012	09/01/99		
196	01	Anaheim Memorial Medical Center-West	Martin Luther Hospital	301761	Anaheim	1012	09/01/99		
197	19	Medical Center of the U.C.S.F.		381154	San Francisco	0423	12/24/99		
197	01	U.C.S.F./Mt. Zion		380895	San Francisco	0423	12/24/99		
198	19	Santa Rose Memorial Hospital		491064	Santa Rosa	0401	02/01/00		
198	01	North Coast Care Centers		490907	Santa Rosa	0401	02/01/00		See previous consolidation #081
199	19	City of Angels Medical Ctr-Downtown	City of Angels Medical Center	190661	Los Angeles	0925	03/01/00		
199	01	City of Angels Medical Ctr-Ingleside	Ingleside Hospital	190410	Rosemead	0913	03/01/00		
200	19	San Pedro Peninsula Hospital		190680	San Pedro	0933	01/14/00		
200	01	San Pedro Peninsula Hosp-Harbor City	Bay Harbor Hospital	190057	Harbor City	0933	01/14/00		
201	19	L A Metropolitan Medical Center		190854	Los Angeles	0925	07/31/97		Not previously in LFS prior to 4/19/00
201	01	L A Metropolitan Med Ctr Hawthorne Cam	Hawthorne Hospital	190523	Hawthorne	0929	07/31/97		
206	19	Alvarado Hospital Medical Center		370652	San Diego	1418	06/01/00		
206	01	Alvarado Hospital Medical Center/SDRI	San Diego Rehabilitation Institute	374063	San Diego	1418	06/01/00		
210	19	Eden Medical Center		010805	Castro Valley	0421	01/15/00		
210	01	Laurel Grove Hospital		010869	Castro Valley	0421	01/15/00		
211	19	Mills Peninsula Medical Center	Peninsula Hospital Med Center	410852	San Mateo	0427	11/19/96		
211	01	Mills Memorial Hospital		410742	San mateo	0427	11/19/96		Not previously licensed separately
218	19	Mercy Hospital - Bakersfield		150761	Bakersfield	0617	07/15/92		Not previously licensed separately
218	01	Mercy Southwest Hospital		154108	Bakersfield	0617	07/15/92		Not previously licensed separately
224	19	St. Joseph Hospital - Eureka		121080	Eureka	0105	12/22/00		
224	01	General Hospital of Eureka		120981	Eureka	0105	12/22/00		

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APPENDIX I
Public 2000 Patient Discharge Data on CD-ROM
Comma Delimited Fields

Field Label	Field Name	Recommended/ Required (in- bold) Field Format	Maximum Characters
OSHPD_ID	Hospital Identification Number (2 digit county, 4 digit unique)	Text	6
TYP_CARE	Type of Care (formerly Level of Care)	Text	1
AGE_YRS	Age in Years	Numeric	3
AGECAT20	Age Categories 20	Text	2
AGECAT5	Age Categories 5	Text	1
SEX	Sex	Text	1
ETHNCTY	Ethnicity	Text	1
RACE	Race	Text	1
PATZIP	Patient Zip Code	Text	5
PATCNTY	County of Patient's Residence	Text	2
LOS	Length of Stay	Numeric	5
ADM_QTR	Admission Quarter	Text	1
ADM_YR	Admission Year	Text	4
ADM_SRC	Source of Admission	Text	3
ADM_TYPE	Type of Admission	Text	1
DISP	Disposition of Patient	Text	2
DNR	Prehospital Care and Resuscitation (DNR)	Text	1
PAY_CAT	Expected Payer Source - Category	Text	2
PAY_TYPE	Expected Payer Source - Type of Coverage	Text	1
PAY_PLAN	Expected Payer Source - Payment Plan Code	Text	4
CHARGE	Total Charges	Numeric	7
ECODE_P	Principal E-Code - External Cause of Injury	Text	5
ECODE1	Other E-Code #1 - External Cause of Injury	Text	5
ECODE2	Other E-Code #2 - External Cause of Injury	Text	5
ECODE3	Other E-Code #3 - External Cause of Injury	Text	5
ECODE4	Other E-Code #4 - External Cause of Injury	Text	5
MDC	MDC (HCFA Major Diagnostic Category)	Text	2
DRG	DRG (HCFA Diagnosis Related Group)	Text	3
DIAG_P	Principal Diagnosis	Text	5
CPOA_P	Condition Present at Admission for Principal Diagnosis	Text	1
PROC_P	Principal Procedure	Text	4
PROC_PDY	Days From Admission to Principal Procedure	Numeric	4
ODIAG1 TO ODIAG24	Other Diagnosis #1 through #24	Text	5
CPOA1 TO CPOA24	Condition Present at Admission for Other Diagnosis #1 through #24	Text	1
OPROC1 TO OPROC20	Other Procedure #1 through #20	Text	4
PROCDY1 TO PROCDY 20	Days From Admission to Other Procedure #1 through #20	Numeric	4

APPENDIX J
Masked Field Frequencies - 2000

Data Element Value	Full file	Public file	# Masked by code	% Masked
Sex				
* (Masked)	0	683,624		
1 - Male	1,557,288	1,231,087	326,201	20.9
2 - Female	2,259,366	1,902,155	357,211	15.8
3 - Other	80	7	73	91.3
4 - Unknown	129	14	115	89.1
0 - Invalid	24	0	24	100.0
Total	3,816,887	3,816,887	683,624	17.9
Ethnicity				
* (Masked)	0	1,110,068		
1 - Hispanic	1,010,829	721,152	289,677	28.7
2 - Non-Hispanic	2,714,197	1,947,858	766,339	28.2
3 - Unknown	91,496	37,809	53,687	58.7
0 - Invalid	365	0	365	100.0
Total	3,816,887	3,816,887	1,110,068	29.1
Race				
* (Masked)	0	961,369		
1 - White	2,797,482	2,225,191	572,291	20.5
2 - Black	328,963	207,217	121,746	37.0
3 - Native Am	13,852	4,032	9,820	70.9
4 - Asian	268,808	160,038	108,770	40.5
5 - Other	356,268	240,260	116,008	32.6
6 - Unknown	51,149	18,780	32,369	63.3
0 - Invalid	365	0	365	100.0
Total	3,816,887	3,816,887	961,369	25.2
Patient County				
* (Masked)	0	1,453		
CE	4,093	3,559	534	13.0
NE	3,798	3,347	451	11.9
NW	7,418	6,950	468	6.3
All others	3,801,578	3,801,578	0	0.0
Total	3,816,887	3,816,887	1,453	0.0
Admit Quarter				
* (Masked)	0	130,581		
1	973,760	943,076	30,684	3.2
2	937,485	906,802	30,683	3.3
3	948,280	916,802	31,478	3.3
4	957,362	919,626	37,736	3.9
Total	3,816,887	3,816,887	130,581	3.4
Agecat5				
* (Masked)	0	258,504		
1	597,366	568,420	28,946	4.8
2	213,532	185,543	27,989	13.1
3	717,275	663,465	53,810	7.5
4	1,095,172	1,010,484	84,688	7.7
5	1,193,542	1,130,471	63,071	5.3
Total	3,816,887	3,816,887	258,504	6.8

Data Element Value	Full file	Public file	# Masked by code	% Masked
Age in Years at Admission				
Blank (Masked)	0	1,711,263		
0	597,366	492,563	104,803	17.5
1	25,131	10,480	14,651	58.3
2	14,886	4,981	9,905	66.5
3	11,275	3,377	7,898	70.0
4	10,014	2,825	7,189	71.8
5	9,297	2,520	6,777	72.9
6	8,713	2,219	6,494	74.5
7	8,174	2,067	6,107	74.7
8	8,189	2,029	6,160	75.2
9	8,073	1,946	6,127	75.9
10	8,464	2,211	6,253	73.9
11	8,380	2,014	6,366	76.0
12	8,814	2,079	6,735	76.4
13	10,140	2,522	7,618	75.1
14	12,863	3,416	9,447	73.4
15	16,123	4,491	11,632	72.1
16	20,073	6,476	13,597	67.7
17	24,923	9,277	15,646	62.8
18	30,100	13,173	16,927	56.2
19	35,798	17,418	18,380	51.3
20	38,408	18,913	19,495	50.8
21	37,761	18,536	19,225	50.9
22	39,244	19,336	19,908	50.7
23	39,620	19,432	20,188	51.0
24	40,482	19,961	20,521	50.7
25	41,861	20,555	21,306	50.9
26	42,197	20,552	21,645	51.3
27	43,339	20,983	22,356	51.6
28	45,455	21,912	23,543	51.8
29	48,731	23,571	25,160	51.6
30	50,010	24,066	25,944	51.9
31	48,527	23,191	25,336	52.2
32	46,334	21,365	24,969	53.9
33	45,400	20,601	24,799	54.6
34	44,008	19,469	24,539	55.8
35	44,689	19,383	25,306	56.6
36	43,379	18,074	25,305	58.3
37	42,094	17,430	24,664	58.6
38	40,045	15,725	24,320	60.7
39	39,435	15,519	23,916	60.6
40	38,394	14,827	23,567	61.4
41	36,753	13,890	22,863	62.2
42	36,275	13,810	22,465	61.9
43	35,971	13,719	22,252	61.9
44	35,651	13,648	22,003	61.7
45	36,198	14,090	22,108	61.1
46	36,109	14,083	22,026	61.0
47	35,677	14,096	21,581	60.5
48	35,702	14,206	21,496	60.2
49	35,349	13,982	21,367	60.4
50	36,087	14,451	21,636	60.0
51	35,948	14,576	21,372	59.5
52	36,376	14,862	21,514	59.1
53	38,151	16,094	22,057	57.8
54	33,151	13,315	19,836	59.8
55	32,926	13,207	19,719	59.9
56	34,331	14,526	19,805	57.7
57	36,399	15,853	20,546	56.4
58	34,209	14,526	19,683	57.5
59	33,212	14,029	19,183	57.8
60	34,042	14,648	19,394	57.0
61	34,172	15,011	19,161	56.1
62	34,531	15,156	19,375	56.1

APPENDIX J
Masked Field Frequencies - 2000

Data Element Value	Full file	Public file	# Masked by code	% Masked	Data Element Value	Full file	Public file	# Masked by code	% Masked
Agecat20					63	34,546	15,751	18,795	54.4
* (Masked)	0	502,234			64	35,370	16,157	19,213	54.3
01	597,366	568,420	28,946	4.8	65	38,979	18,735	20,244	51.9
02	61,306	50,122	11,184	18.2	66	38,203	18,557	19,646	51.4
03	42,446	31,142	11,304	26.6	67	39,688	19,798	19,890	50.1
04	48,661	34,042	14,619	30.0	68	40,907	20,784	20,123	49.2
05	127,017	95,156	31,861	25.1	69	43,360	22,749	20,611	47.5
06	195,515	169,737	25,778	13.2	70	45,879	24,758	21,121	46.0
07	221,583	193,455	28,128	12.7	71	46,214	25,263	20,951	45.3
08	234,279	203,134	31,145	13.3	72	48,686	27,460	21,226	43.6
09	209,642	176,225	33,417	15.9	73	50,096	28,527	21,569	43.1
10	183,044	149,119	33,925	18.5	74	51,966	30,692	21,274	40.9
11	179,035	145,564	33,471	18.7	75	53,748	32,306	21,442	39.9
12	179,713	147,139	32,574	18.1	76	55,113	33,709	21,404	38.8
13	171,077	141,154	29,923	17.5	77	54,860	33,899	20,961	38.2
14	172,661	144,449	28,212	16.3	78	55,488	35,194	20,294	36.6
15	201,137	172,498	28,639	14.2	79	54,687	34,813	19,874	36.3
16	242,841	214,488	28,353	11.7	80	51,180	32,490	18,690	36.5
17	273,896	246,202	27,694	10.1	81	46,379	29,189	17,190	37.1
18	225,143	202,786	22,357	9.9	82	45,584	28,939	16,645	36.5
19	250,525	229,821	20,704	8.3	83	42,033	26,540	15,493	36.9
Total	3,816,887	3,816,887	502,234	13.2	84	39,967	25,501	14,466	36.2
					85+	250,525	206,550	43,975	17.8
					Total	3,816,887	3,816,887	1,711,263	48.3